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The American Practitioner.

MAY, 1879.

Certainly it is excellent discipline for an author to feel that he must say all that he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Original Communications.

ON GRAVES'S DISEASE OR CARDIAC EXOPHTHALMIC GOITRE.

BY J. E. LOCKRIDGE, M. D.

In the few remarks I am about to make in reference to this curious and intensely interesting disease, I can not hope to interest or instruct the careful and experienced investigator; but I do hope to be able to at least arrest the attention of the young and unwary practitioner; and I allude to the latter class in no sense of animadversion, for I utterly failed to diagnose the first case of Graves's disease I encountered about twenty years ago. But about this I will have more to say further on in this paper.

I think the disease is by no means of very rare occurrence; indeed I am of the opinion that it is very often overlooked entirely. I am strengthened in this opinion from the fact that I have taken the pains, during the past six months, to question about half a dozen quite busy and well qualified physicians—all of them from seven to fourteen years' experience—as to their experience in Graves's disease. Not one of them had met with a single case to his knowledge.

I feel quite sure that one can scarcely practice medicine for seven years without meeting with a case of this disease, whether he is aware of it or not. I have met with three cases in twenty-two years—one for each septennial period. Prof. Flint, sr., had seen five or six cases up to 1865, which shows about the same ratio for him. Chisholm, Forsyth Meigs and Octerlony, have each met with from three to five cases, which shows about the same ratio.

Whilst I can not do more than strengthen the convictions to some extent of those who have ably attempted to investigate this most curious disease, yet I think that all who have had an opportunity of witnessing even a single case ought to give the profession the benefit of their experience. Although I have had some experience in the management of it, and have read and thought much about it, yet I am sorry to be compelled to admit that I have nothing new to offer as to the arcana of the disease; that is, more especially the causation and exact pathology. As to the nomenclature of the disease, I might just as well state here that the Germans claim that one of their number, Dr. Basedow, investigated and established it as a separate and distinct disease in 1835, and hence they and some others call it Basedow's disease or exophthalmic goitre. The English claim that Dr. Graves, of London, was really the first to fully establish it as a separate disease in 1840; and, whether right or wrong, I believe it is now generally called Graves's disease.

In the very outstart of my description of some of the leading symptoms of this disease—for I shall confine myself to the more prominent symptoms alone, and leave my readers to note for themselves the innumerable sympathies and manifestations likely to arise in different cases—I wish to call attention to three cardinal symptoms, namely, a condition of extreme irritability of the heart, an exophthalmos or great prominence of the eyeball, and an enlargement of the thyroid gland, or so-called goitre. I can conceive of no genuine case of Graves's disease without the presence of all three of these symptoms at some stage of the case, either altogether, or

variously combined, or associated. Indeed, I feel so sure of this that I have taken the liberty in my caption to denominate the disease "Cardiac Exophthalmic Goitre." I am aware, however, that most authorities on the subject contend that in some cases there is an absence throughout of some one of these symptoms; that the prominent eyeball and goitre may exist without the cardiac symptom; and that you may have the cardiac irritability and exophthalmos without the goitre, and so on. There is another prominent symptom that I have noted in all of my cases not mentioned at all by authors, and that is an exaltation, without any perversion, of the mental and moral faculties. As to the chronological accession of these cardinal symptoms, I will just say that it is not regular in the experience of observers; but from my experience, I would say that the cardiac tumult and general nervous excitability appear first, then the ocular deformity, and lastly the glandular enlargement, but the last two may change priority, or occur cotemporaneously; but I have invariably noticed that on the occurrence of one or both of the latter, the former is usually very much mitigated, except there be organic change.

The action of the heart is rapid and forcible, with tumultuous palpitation from the least excitement, with violent pulsation of the carotid arteries; the impulse of the heart against the thoracic parietes is also usually well marked. There is no cardiac murmur, except in long-standing cases involving hypertrophy or other organic changes, or in extreme cases of anemia with the hygremic murmur. This cardiac excitability is usually, if not invariably, accompanied with an extreme general nervous irritability, the nerves seeming to be on the *qui vive*—the patient, for the most trivial cause, letting fall whatever she may chance to hold in her hand, whether it be an armful of costly dishes or her infant. This constant overaction of the heart seems at times to superinduce an attack of fainting which may render the patient unable to maintain the erect position for a time, much less progression.

In a variable length of time from the onset of the cardiac

symptoms, sometimes a year or more, or less, the patient begins to complain of dimness of vision, when, on examination, it is found that the eyeballs project apparently too far from their sockets, so far, indeed, in most cases, that the lids can no longer cover them properly, and in consequence of the want of protection, or the proper adaptability of the lids to the globes, the eyes become weak and inflamed, and the pupils dilated. This condition of the eyes may come on rather suddenly, and on some days it is worse than on others; and after death, in most cases, the eyes assume their natural position; in others they continue to protrude, but in these latter there is found to be hypertrophy of the connective tissue of the orbit. In addition to the protrusion of the globes, there is a peculiar wild stare, which renders the patient by no means prepossessing in appearance.

About this time, perhaps before, but more often afterward, I think, the patient will say to you that she is afraid that she is getting the "big neck," and on inspection you will find that there is an enlargement of the thyroid gland, it may be on either side, or perhaps both, with the isthmus as well; but this so-called goitre scarcely ever assumes the enormous proportions of the ordinary goitre; nor is the goitre usually commensurate with the exophthalmia. Now, these are the most prominent symptoms met with in a typical case of Graves's disease, and from which the disease should certainly be recognized.

There are only a few more symptoms that I wish briefly to allude to; and first, as I have observed, there seems to be an exaltation of the mental and moral faculties. The patient seems prone to loquacity; she is vivacious, and more or less speculative; she seems disposed to underrate the import of her malady, and often appears cheerful, when to others her condition and appearance indicate disaster in the near future. There are often attacks of something like colic; also various dyspeptic symptoms, and more or less irregularity of the appetite, and other direct or sympathetic troubles that will be better understood when we come to consider the pathology of the disease.

Unfortunately the pathology of this disease is not so well ascertained as rational and practical medicine would demand. Yet it is generally agreed among observers and investigators that the source of all the trouble is in the cervical portions of the sympathetic nerves—some change, often occult as to post mortem inspection, in the ganglia or their connecting cords or outgoing fibers, by which the cardiac and cervical branches are paralyzed and lose their inhibitive power over the arteries and heart, thereby causing an undue action and irritability of the latter, with an undue dilatation of the former; and this diastolic latitude of the arteries of the orbit and neck in turn gives rise to the exophthalmos and bronchocele. It is a fact, as well established as any other in the nervous system, that one of the functions of the sympathetic nerves is vaso-motor, and that division or jugulation of one of the cervical sympathetic nerves in the neck produces dilatation of the arteries on that side of the neck and head; and that irritation as with galvanism, in the same situation, produces contraction of the arteries on the corresponding side. It is also well ascertained that the action of the sympathetic system is wholly from below upward; and this fact alone would be almost sufficient to prove that the change, whatever may be the nature of it, in Graves's disease, must be located in the cervical region. The cardiac branches are the lowest sent off from the cervical ganglia, and the heart is the organ lowest down directly implicated in this disease. The symptoms of indigestion, cramp of the stomach, and the like, are not constant symptoms, and scarcely exist at all in many cases of this disease, and are purely reflex, produced by the fibers of communication between the sympathetic and *par vagum*.

The true *nature* of the disease has not been made manifest by any constant organic changes observed by post mortem examination. It is true that in a few fatal cases of Graves's disease there has been found hypertrophy of the cervical ganglia and their connecting cords, and in others atrophy of the same; but in most of the cases no appreciable alteration in structure was discovered, either gross or microscopic. It is

likely that a state of affairs exists in the sympathetic akin to neuralgia in other nerves,—the *neuron* without the *algos*,—since there is no sensation, except reflex, in the sympathetic nerve. And we can have the most excruciating pain from neuralgia in sensitive nerves without any appreciable alteration in structure, except there be accompanying neuritis. I am almost forced to the conclusion that the jugulation of the cervical sympathetic and the resultant paralysis of the ganglia and cords, which gives rise to the manifestations of this disease, must have some *causam causarum* of this occult sort.

Some observers think that the condition of the uterus and its functions have much to do with the *fons et origo* of the disease; but from my own observation I have been unable to see any connection whatever in this direction. Forsyth Meigs is forced to the conclusion that the psychological condition has much to do with the origin of the disease in many cases. And he is very much strengthened in this belief from a perusal of Claude Bernard's *Leçons sur les Proprietes des Tissus Vivants*, in which he advances the curious theory that poets and fiction writers are not far wide of the truth, in locating in the heart the seat of the noblest and purest sentiments of the soul; but granting, of course, the established fact that the heart is also the center and source of the circulation of the blood. Bernard intimates that the heart acts by a power of its own, and is only connected with the brain by the pneumogastrics, for purposes of coördination with that nerve center. In proof somewhat of this allegation he cites the phenomenon that when a woman hears some tender words of love, the heart palpitates and the flush comes to her cheek before either reason or reflection has time to be exercised. He further concludes that the expressions, "he loves with all his heart," and "the heart is broken with grief," and the like, are not mere poetic fancies but physiological realities. This is manifestly a physiological fancy; for I can conceive of no other way for one to become cognizant of outside impressions, whether imparted by a gentle pressure of the hand or soft words whispered in the ear, than through one or more of the

special senses, and from the brain to be duplicated to the different parts or organs. This sudden flushing of the cheek and palpitation or irregularity of the heart is reflex or involuntary, it is true, and therefore quicker than through the ordinary operation of the mind,—just like one asleep and dreaming for a few seconds, the mind wanders over such a latitude of fancies, that he can scarcely be made believe but that he has been asleep many minutes.

I am not prepared to admit that the psychological condition of the patient had much to do with the origin of the disease in the three cases that have fallen under my observation. Two of these cases were certainly absolutely free from any mental, moral or nervous eccentricities; and the third, though a lady of considerable vivacity, industry and energy, and who has done a good deal of literary work in her time, yet is wholly free from any peculiarity aside from that usually involved in the course of this disease; and no one could be more blessed with a happy household and surroundings, free from everything calculated to cross or harass her in any way whatever.

The protrusion or displacement of the eyeballs seems to be the result of the undue dilatation of the underlying arteries of the orbit, for after death the globes recede to their natural position, except in certain cases in which there has been found hypertrophy of the orbital connective tissue, which serves as a barrier to their return. The dimness of vision is doubtless caused by a tension of the optic nerves and dilatation of the pupils; and the latter is produced by the influence of the sympathetic in its connection through the lenticular ganglion with the third pair, which latter determine the dilatation of the pupils. The bronchocele is also produced by the dilatation and engorgement of its underlying arteries. There has been found no exaggeration of the normal parenchyma of the thyroid, or heterologous formation, or cystic development, as is usually observed in cases of true goitre; but in some long-standing cases of Graves's disease there is some hypertrophy of the connective tissue of the thyroid body. Another proof

of the vascular theory, is the fact that both the bronchocele and exophthalmos are much more marked on some days or periods than at others.

From my experience in the disease, I can not agree fully with those who maintain that anemia is at the foundation of most cases. Not one of my cases was at all anemic in the start, nor did they become so to any great extent, and certainly not until they were pretty well shattered in constitution by the constant nervous agitation. It is true that the patient presents a certain cachectic appearance, more like the bilious or malarial aspect than anything I can compare it to.

I hope the diagnosis will be very easy from what I have said in the preceding pages. Just bear in mind the three cardinal symptoms—the excessive and continuous cardiac excitement, the exophthalmos, and the bronchocele; and add to these, at your leisure, the general nervous excitability, the dyspeptic symptoms, and the exaltation of the moral and mental faculties. I believe that in any genuine case of Graves's disease, the three principal symptoms are sure to come sooner or later, if the case be let alone; or treated improperly, it may be six months or a year, or even more; but they will make their appearance, those authorities to the contrary notwithstanding, who maintain that one or two of these symptoms may constitute a case of the disease. There are cases of extreme anemia in which the eyeballs are somewhat prominent and the thyroid body is slightly enlarged, but this is produced by weakness of the recti muscles and a deposit of adipose tissue at the bottom of the orbits, and a general laxity of tissue. Nor does every case of enormous goitre, with palpitation of the heart at times, in which hysterical symptoms are present, constitute one of Graves's disease.

As to the prognosis of the disease some writer has said that Graves's disease "neither kills nor gets well;" that is, that although the most prominent symptom may subside and leave the patient in comfort, yet the deformity of the eyes and thyroid may remain through life. The latter was true of one of my cases, who, fifteen years afterward, was comparatively

well, but the deformity remained to a considerable extent. Another died, the principal cause being apparently eccentric hypertrophy of the heart. The third seems now to have entirely recovered. I believe the disease to be one of long duration, but many cases of entire recovery have been reported. When death is the result, I believe it to be more often the result of organic changes in the heart. However, the patient may be literally worn out by the excessive nervous irritability. In those cases of long standing, in which the eyes and thyroid fail to return to their natural position, in addition to the barrier of hypertrophied connective tissue, other causes must be obvious to any one.

As to the treatment of the disease, inasmuch as I intend to subjoin a succinct history of my three cases, together with the exact mode of treatment I pursued, in one of them at least, but failed to use in one other, I will in this place merely record the mode of treatment now well agreed upon by all observers. The remedies which have been found most useful by all, are iron, digitalis and belladonna, variously combined, and in the usual doses; and to these may be added nux vomica and ergot. I prefer Vallet's mass or the pyrophosphate of iron; but Quevennes's, or dialysed, will answer the purpose. Most practitioners prefer the digitaline, but I have used the pulverized digitalis. The preparations of iodine, either locally or constitutionally, do no good in these cases; but, on the contrary, have been found to be positively hurtful. Every precaution should be taken to remove all sources of excitement, and all surroundings calculated to increase the cardiac excitement, or nervous irritability, must be carefully attended to. In extreme cases it has been found necessary to confine the patient to her bed for four, or even six months at a time.* If the menses be irregular, or at fault in any way, they must of course be corrected. The intercurrent dyspeptic symptoms

* It will be seen that I have used the feminine gender throughout my paper; for whilst the disease may and has occurred in the opposite sex, yet such an occurrence must be rare, and my cases have all three been in females; hence I have inadvertently used this gender.

must be combated, and the colic, which often supervenes, is best treated by paregoric and purgatives. Nervines and antispasmodics will often control the extreme nervous irritability.

Case I. In 1858 Mrs. R. came under my observation. She was then suffering from palpitation and great overaction of her heart, with much general nervous disturbance. She was a widow lady, about twenty-eight or thirty years of age, and the mother of two remarkably healthy children, aged respectively two and four years. Before this trouble began she enjoyed perfect health, and was noted in the neighborhood for beauty, being tall, with black hair and eyes, and rosy cheeks. She was very poor, but yet she was usually very cheerful, and there was nothing in her surroundings that seemed to especially cross or annoy her. So great was her cardiac turmoil at times, that on one occasion I found her lying by the roadside half a mile from her home, unable to proceed any further toward a neighbor's house, whither she was attempting to walk.

For an hour or more she was not only unable to progress, but even to assume the upright position, so great was the palpitation and general nervous disturbance. At no time during my attendance on her was I able to detect any murmur, or rhythmic disturbance, or organic change of any kind whatever in her heart. Some months after the accession of the cardiac symptoms—I have to rely in part on the cotemporaneous notes of another case under my care in the same family—her eyes began to assume a strange, prominent appearance; she became glaringly exophthalmic, and in a very short time a bronchocele began to develop. After a full development of the exophthalmia and the bronchocele, the cardiac symptoms and the nervous irritability mitigated. This has been the case in two of my patients, and I believe it to be the rule in most cases, unless some organic change has occurred in the heart in the meantime—the goitre and exophthalmia seeming to act the part of a safety-valve to the circulation as it were. I had now a typical case of Graves's disease to deal with—the cardiac symptoms and general nervous excitability, the exophthalmos with the peculiar stare or glare of the eyes, and a large bronchocele. I shall never forget the wretched appearance of this case. In the meantime she had lost most of her teeth, and of course much of the tint and bloom of health, which, together with the other alterations, had changed her from a comparatively

beautiful woman into one as uncomely as possible, and this was especially so when she undertook to smile or laugh.

I had no knowledge then of Graves's disease; it had only been established as a separate disease a few years before. My text-books—Watson, Wood, Barlow and the like—made no mention of it then; nor did my professor on the practice of medicine say a word about it, to my recollection. Of course, the treatment was empirical and unsuccessful. I referred the cardiac and nervous symptoms to the use of snuff, for she was an inveterate "snuff-dipper," and prescribed antispasmodics and nervines, which gave but little, even temporary relief. I regarded the bronchocele as an ordinary case of goitre, for goitre was endemic in that region. In an experience of twenty years there I was never without half a dozen cases of goitre on hand; hence, I treated that with the local application of iodine, which did no good at all.

The symptoms gradually subsided, and her general health somewhat improved, leaving a good deal of deformity, however, and in twelve years she married again and left the neighborhood, and passed from under my observation. She was still living eighteen years after the onset of the attack, but I knew nothing of her condition at that time. In this case, unfortunately, not one of the remedies which have been found so satisfactory and effective in the treatment of Graves's disease was employed at any time.

Case II. In the autumn of 1873, I was called in to see Mrs. B., the wife of a medical man; or, at least, one who attempted to both practice medicine and preach the gospel, or heal the sick and cast out devils. I recognized at once a typical and most distressing case of cardiac exophthalmic goitre. She had long since passed the menopause, being about sixty-three years of age; very heavily built, weighing, when in health, one hundred and seventy-five or one hundred and eighty pounds. She was a coarse, industrious woman, of moderate intelligence, and had been remarkably strong and healthy, until within the last year or more, when the troubles came on. I could learn but little of the priority of the accession of her symptoms, further than that she first began to complain of palpitation and much "fluttering" of the heart, and great nervousness. Soon after, however, it was observed that her eyes presented a very strange prominence and stare, and about the same time quite a large bronchocele was developed. When I saw the patient her condition was

wretched in the extreme; she could get no relief lying or standing, on account of the cardiac trouble and shortness of breath, except under the habitual use of large doses of opium, which was the only medicine she was taking. The eyeballs were quite prominent, and presented that never-to-be-forgotten stare or glare; her pulse was frequent and feeble, and she often had fainting spells, and much difficulty in breathing at times, which had been attributed to "phthisic" or asthma; her feet and legs were very edematous. On auscultation and percussion, I found a very marked mitral regurgitant murmur, and enormous hypertrophy of the whole heart apparently, and evidently at the expense of the parietes, or eccentric hypertrophy or dilatation.

From the very great damage already done to the heart, and the general unpromising condition of the patient, I gave the unreserved opinion that death would come to her relief in a few months.

I did not interdict the habitual use of the opium, but recommended bromide of potassium to be given in conjunction with it, and also advised the exhibition of iron, nux vomica, and digitalis, in the hope that they might, in some measure, mitigate the symptoms. I saw this case no more, but she died about seven months after my first and only visit.

Case III. October, 1877, I saw Mrs. W. casually, for the first time. I rode with her in a hack to and from a funeral. She was complaining very much of cardiac trouble, palpitation, extreme excitement of the heart and various accompanying head symptoms, together with general nervous excitement, which had existed for several months. I made no examination of her case, and of course had no knowledge of its true nature. She took my card, and said that she would call at my office and consult me in a few days.

Having a large household, and a multiplicity of affairs to look after, she bore up under her afflictions, and postponed her visit to my office, or that of any other physician, until August, 1878, when, for the first time, she came to my house, and found me sick in bed and unable to make the proper examination of her case. By this time, however, new and far worse troubles had come upon her. In addition to the cardiac and nervous excitement, which were even worse than before, her eyes, for some weeks, had been very much at fault; and she complained of dim and perverted vision, for the palliation of which she was wearing smoked glasses, under the

advice of some itinerant oculist. She was now greatly exophthalmic, with slight convergent strabismus of both eyes.

The globes protruded so far that the lids scarcely covered them, and this retraction and imperfect adaptation of the lids to the balls gave rise to a constant exposure and irritation of the conjunctiva, with a resultant soreness and lachrymation. It was difficult to realize that this was the same lady I met with eight months before; so changed was her whole aspect by the great prominence and convergence of the eyes, and the frightful stare. There was now some sallowness of the skin; appetite and digestion very variable; pulse one hundred and twenty, and quick. She had lost some in weight, but was by no means anemic, and the uterine functions were apparently healthy. I should have said, probably before now, that the lady was about thirty-three years of age, married, and the mother of three or four children, of rather under medium height, and would weigh one hundred and fifteen or one hundred and twenty pounds; she was very intelligent and vivacious; and all of her surroundings were as pleasant and happy as possible. No further examination of the case was made at this time, and no prescription was made; but I told her that the case was one of great interest, and was not likely to get well of itself, and I urged her to return in a few days, or have it attended to by some other physician at once.

She did not present herself again until the 23d of October, which was just one year from the time that I first casually met her in the carriage. She now presented a typical case of Graves's disease; the thyroid was much enlarged, and was causing her considerable difficulty from pressure, in deglutition and respiration, especially the former. Before the accession of the bronchocele, the cardiac affection and nervous irritability had been excessive; so much so that on several occasions, on the slightest surprise, she had let fall handfuls of valuable dishes and such things; but they were now somewhat mitigated; the eyes presented about the same appearance as when last seen; she has had no fever at any time; pulse one hundred and twenty, and quick, with considerable impulse against the thoracic parietes; there is no murmur, or alteration in size, or fault of rhythm. She had been suffering for several days from symptoms of indigestion and colic, which had, in part, determined her present visit.

Besides recommending a cathartic and some paregoric for the colic, I made the following general prescription:

℞ Pil. ferratæ Valleti, ... ʒ i
Pulv. digitalis, ... grs. xv
Ext. nucis vomicæ, ... grs xv
Ergotine, ... grs. xv
Ext. belladonnæ, ... grs. v
Aquæ q. s. M. ft. pills No. xxx.
Sig., take one pill three times a day after each meal.

January 24, 1879, I visited the patient at her home. She has been on a protracted visit to a neighboring state, having been sometimes better, and again worse; but she carried out the treatment faithfully during her absence. I find her color and general health vastly improved; appetite and digestion very good; pulse eighty, and less excitable; considerable overaction of the heart, with impulse; no cardiac murmur, or other sign of organic change; very decided exophthalmia yet, and the eyes were quite weak and sore, and vision considerably perverted at times; thyroid body still enlarged, especially the right lobe, but less interference with deglutition and respiration complained of; uterus, kidneys, spleen, and other organs apparently healthy.

I found that she had once been poisoned with belladonna, and the comparatively small doses prescribed in the pills seemed to produce some dryness of the throat and preternatural dilatation of the pupils; hence, I thought best to omit it entirely in the prescription for a while, at least, and made the following prescription:

℞ Ferri pyrophosphat. . . . . ʒ i
Quiniæ sulph., ... grs. xv
Pulv. digitalis, ... grs. xv
Ext. nucis vomicæ, ... grs. xv
Ergotine, ... grs. xv
Aquæ q. s. M. ft. pills No. xxx.
Sig., take one pill three times a day after each meal.

February 11, pulse, sixty-four, and quite strong and regular; heart beats regularly, with no appreciable impulse; eyes vastly improved, especially the right one, which appears almost natural as to both position and axis; the left one is yet perceptibly prominent, and the lid is not perfectly adapted to the globe; the stare is quite apparent to me, although she regards her eyes as being about natural, and her friends flatter her that they are now perfectly straight.

The diplopia, dimness, and other defects of vision are no longer complained of, and she has dispensed with the smoked glasses worn for many months; the carotids are more quiet now than at any time since I first saw her. The enlargement of the right lobe of the thyroid has entirely disappeared, but the left lobe, corresponding to the eye affected, is quite perceptibly enlarged. Her appetite and general health are now first-rate, and her color and expression of countenance are wonderfully changed for the better. Continue treatment of my last visit.

March 8, 1879, patient called at my office to inform me that she is now in perfect health, and wished to know whether or not she must continue the pills, several boxes of which she had taken since my last visit. On careful examination I can find no signs of disease anywhere. Her heart seems to be perfectly natural; her eyes straight, and without any unnatural stare; her neck is unaffected by bronchocele or pulsating carotids; her nerves are as steady and unexcitable as they ever were in her life. In short, she presented about as good a specimen of perfect health as one is accustomed to see anywhere. All treatment was discontinued, and at this writing (April 12), there has been no return of the symptoms.

INDIANAPOLIS.

CASES OF FRACTURE OF THE SKULL WITH ANOMALOUS SYMPTOMS.

BY N. P. DANDRIDGE, M. D.

Pathologist to the Cincinnati Hospital.

J. A., a railroad engineer, while running his engine, was struck on the head by a stone thrown from the embankment of a cut through which his train was passing. His felt hat was cut, and a wound was made through the scalp about three inches above the root of the nose, and slightly to the left of the median line. He continued on the train until it reached Lexington, a distance of several hours, remaining during the entire day perfectly rational, and the next morning was able to dress himself without assistance. The accident occurred

December 14th, in the morning. December 15th he returned to Covington on the cars, a trip requiring some four hours, and reached home about the middle of the day. He now began showing signs of stupor, and when first seen at three o'clock P. M. he was unconscious, and could not be aroused even by the most persistent efforts. He was very restless, tossing from side to side, and constantly putting his hand to his head. No symptoms of paralysis could be discovered; his pulse was sixty, his respirations quickened, and his temperature 101°. Both his pupils were normal, and responded to light. The upper lids of both eyes were discolored from ecchymosed blood; there was no subconjunctival ecchymosis. On the forehead a cut, two inches long and extending down to the bone, was found. Enlarging the opening in the scalp, the frontal bone was found to be comminuted, and the fragments had lacerated the membranes, and were imbedded in the substance of the brain. These fragments, some eight or ten in number, were carefully removed by the forceps, together with some clots.

During the operation, which was performed without an anesthetic, the patient was very restless, and it was necessary to have his hands held, as sensation was evidently very acute. After the operation he apparently became more conscious, and picked up an instrument lying by his side. He could not, however, be made to speak, or even protrude his tongue. The wound was left open, and cloths saturated with cold water were left on his head. Before leaving, ten or twelve ounces of urine were drawn off. When seen next morning his coma was profound, his pulse was seventy-five, his temperature 103°, and his pupils normal. Both right arm and leg were paralyzed, for while tickling or pinching readily caused movements on left, the right remained motionless. He had not passed his urine during the night: a few ounces were drawn by the catheter. His hair was cut short, cold was kept applied to the head, and a turpentine injection thrown up the rectum, and calomel, nitrate of potash and ipecacuanha ordered every two hours.

During the 15th and 16th, his pulse was eighty, his temperature from 102° to 103°, his respirations continually increasing in frequency, and the right sided paralysis was more and more apparent. There was no facial paralysis. His bowels were several times moved by enema. His urine was never voided voluntarily, but was drawn by the catheter twice daily; the amount was scanty. When last seen, on the morning of the 17th, he was dying, and no motion could be obtained on either side. The pulse was one hundred and twenty, and the respirations fifty-six. He died about eleven o'clock A. M., ninety-six hours after the accident.

The autopsy was made by Dr. Thomas, of Covington, and revealed a fracture as above described through the frontal bone. The edges of this fracture were quite smooth, and there were no detached fragments remaining. The opening thus left in the bone was somewhat irregular, and from its lower angles ran two lines of fracture, involving apparently only the outer table of bone, toward the root of the nose. Just above the nose the bone was comminuted over an extent of half an inch square, the fragments still remaining in place. This fracture, which had involved principally the outer table, had at one point broken through the inner table, and had also opened the frontal sinus. The dura mater at this point was not injured. From this point ran lines of fracture into both orbital plates; the plates were both comminuted. Removing the calvarium, a quantity of purulent fluid escaped. The arachnoid over the left hemisphere was lined with recent lymph; some lymph was likewise found on the right, though not so great in quantity or extent. Opposite the opening in the skull, which corresponded to the scalp wound, the dura mater was torn through, and the substance of the brain was destroyed to the depth of half an inch over the first frontal convolution. The rest of the brain was normal. There was no effusion into the subarachnoid space at the base.

We have here a man with a fracture of the frontal bone, producing a laceration of the dura mater and brain itself, who, after remaining quite rational for twenty-four hours and

free from paralysis, gradually becomes comatose, and with an increased temperature manifests a complete hemiplegia. After death, with a limited laceration of the first frontal convolution, there is a general purulent arachnitis on the side opposite the paralysis, with a slight effusion on the same side

In considering injuries of the character of the above, several conditions must be kept in view in estimating the relation which exists between the lesions present, and the course and development of the symptoms. In every injury which is violent enough to produce fracture of the skull, more or less severe concussion of the brain occurs, so that in the above case we have to take into consideration fracture of the skull, concussion of the brain, laceration of brain and membranes, and finally the development of inflammatory action producing a purulent effusion into the arachnoid over the convexity of the hemispheres. The symptoms produced by concussion and laceration of brain substance would be manifested at once, and would follow immediately upon the injury. Our patient remained for twenty-four hours perfectly conscious and free from paralysis, so that the subsequent development of coma and paralysis could not have depended immediately upon either concussion or destruction of brain tissue, but must have depended upon lesions which were consecutive to the above injuries. The autopsy revealed a purulent effusion into the cavity of the arachnoid over the entire left hemisphere, and to a limited extent over the right. No other change was apparent, although a microscopic examination might have revealed inflammatory changes in the brain substance about the point of laceration, and also superficially upon the cortex. These changes, if present, were not apparent to the naked eye.

The symptoms dependent upon this condition — purulent effusion into the arachnoid—were somewhat delayed and of gradual development; they were unconsciousness, hemiplegia of the opposite side, and elevated temperature.

Hutchinson, in a series of papers on Injuries of the Head, published in the Medical Times and Gazette, brings promi-

nently forward the diagnostic importance of hemiplegia appearing some time after injury, as an indication of the presence of diffuse arachnitis. After giving a number of cases in which fracture, with or without apparent injury to the brain, had been followed by hemiplegia, and upon post mortem examination a purulent effusion into the arachnoid was found, he admits that these cases present complicated lesions, and can not in themselves determine the relation between the arachnitis and the paralysis, for in every case of fracture the element of concussion is to be taken into consideration. He presents, however, in detail a case where all complicating conditions may be eliminated, and where concussion and destruction of brain tissue were certainly absent, and yet hemiplegia was found associated with a purulent arachnitis.

In removing an exostosis from the frontal sinus of a boy, the dura mater was slightly injured. On the third day after the operation paralysis of the left arm was manifest, the patient, though first somewhat confused, becoming perfectly rational and even cheerful when aroused. On the following day, the left leg and left side of the face became paralyzed. He was still conscious and could answer questions. The day following he died after repeated convulsions, and the autopsy revealed a purulent arachnitis over the right hemisphere, with no injury to the brain. This would seem to be a pure uncomplicated case of traumatic arachnitis, where all possible complication in the way of concussion or contusion of the brain could be eliminated, and where a gradually developed hemiplegia was a marked symptom.

In the following case, the occurrence of hemiplegia with high temperature may, I think, be likewise interpreted as indicating a similar lesion: During an attack of delirium, a prisoner at the Cincinnati workhouse struck his head so violently against the walls and bars of his prison cell, that the scalp was destroyed over the top of the head for a space about four inches by three. For half this surface the bone was laid bare; over the rest the periosteum still adhered. There was a slight fracture of the bone at the anterior ex-

tremity of the sagittal suture, slightly to the left of the median line. This fracture was not more than half an inch long, and the depression was so slight that it could only be detected by running the finger-nail over the surface of the bone. When seen some hours after the accident, the man, though somewhat delirious, readily recognized me He did not complain of his head at all, and was not apparently suffering from it. The attack of delirium was due to excess in drink, for which he had been committed to the workhouse some days before. The day after the accident his delirium passed away, and he manifested absolutely no symptom which could be referred to his wound in the head. This wound, which was dressed with dry oakum, soon cleaned off and was granulating well, and in every respect the case was progressing favorably until the fourteenth day, when, from being gay and talkative, he became dull and sleepy, and would not answer questions. When spoken to sharply and told to protrude his tongue, he did so. The day following his stupor was increased, though when aroused he rose to a sitting posture, using however only his left arm and leg. He could not be made to answer questions or protrude his tongue. It was apparent that paralysis of both right arm and leg existed. During the day he had with assistance gone to the water-closet, which was only a few steps from his bed, and passed his urine. The next morning he was removed to his home by his friends, and passed under the care of Dr. B. F. Miller, who kindly invited me to see him.

The patient was profoundly comatose, and could not be aroused. Tickling the sole of left foot or palm of left hand caused him to draw up these limbs; no irritation could call forth movement in the right side. His pulse was one hundred and twenty, and his temperature 103°. The bone was somewhat discolored about the fracture. Dr. Miller carefully chiseled away the bone through its entire thickness. It was found infiltrated with pus and quite soft. Through the opening thus made, which was on the line of the suture, a small amount of pus escaped from between the dura mater and

skull. This appeared to come from the right of the median line. The operation was without result, and the man died the following day.

Now, although there was no autopsy, we are justified, I think, in considering this a case of inflammation of the arachnoid, extending from the contusion of the bone produced at the time of the injury; and that as the paralysis was right-sided the lesion producing it must have been on the left side of the brain, so that the few drops of pus which escaped, and which came from the right of the median line, could not have been the paralyzing lesion. This pus came from between the membranes and skull, and was too small in amount to produce any notable compression. Was it possible that, instead of a general arachnitis, such as I presume existed at the left hemisphere, that compression had been produced by a collection of pus beneath the contused bone, and external to the membranes; for the length of time which had elapsed—fourteen days—precludes the possibility of its being a slow forming hemorrhage.

Prescott Hewett, in his article on Injuries to the Head, in Holmes's System of Surgery, says:—"In every case in which I have found pus on the outer surface of the dura mater beneath contused bone, I have also found inflammation on the free surface of the arachnoid." He continues:—"With this all but constant diffuse suppuration of the arachnoid, which accompanies contused bone, there is very little hope of doing any good by trephining."

Hutchinson, in the lectures above alluded to, in speaking of this subject, remarks:—"In speaking of Mr. Pott's opinion, I have already stated that in practice, when the dura mater inflames after injury to bone, the inflammation almost always involves its arachnoid lining as well as the outer surface, and thus we have arachnitis in addition."

The above opinions refer to the inflammation which follows injuries and contusions of the bone, or from extension of some acute disease like erysipelas of the scalp. Where inflammation of the bone follows syphilis, the underlying membrane is

much more apt to escape, or at least the diseased process is strictly limited to the dura mater, and results only in a local thickening of that membrane. This immunity of the brain and its membranes, in cases of syphilitic necrosis of the skull, may exist even where large pieces of bone are separated, and where the process has been manifest for a long time. This fact is well illustrated by the following case, which was under the care of Dr. P. S. Conner:

A woman of middle age, who had suffered from syphilis for many years, presented old standing cicatrices of the face, so that the mouth was contracted as to only admit the point of the little finger. Over the forehead was a circular ulcerated destruction of the skin, laying bare the bone for an extent of two inches in diameter. The entire piece of exposed bone was loose, and was easily lifted off by the forceps. The entire thickness of the skull was removed, and the membranes pulsating distinctly seen beneath. Here complete necrosis and separation occurred, without the slightest cerebral disturbance. This immunity of the membranes and brain from syphilitic disease of the bones of the head has, however, many exceptions.

After the above expression of opinions just quoted, we may fairly admit the existence of a diffuse arachnitis over the left hemisphere in our case; and that the coma, hemiplegia, and high temperature, coming on so late as it did, must have depended upon this condition. The study of these cases confirms the proposition which Hutchinson so strongly enforces, that hemiplegia is a constant symptom of diffuse arachnitis, and that coming on some time after an injury, with an increase of temperature, is an essential condition in the diagnosis; for a hemiplegia occurring some hours after an injury, may be caused by the compression from a slow hemorrhage between the dura mater and bone: in that case the temperature will not be increased.

A boy, sixteen years old, was struck on the head with an unknown weapon. He walked home and went to bed, complaining of nothing. Toward morning he roused up, com-

plained of great pain in his head, quickly became comatose, and in a short time died. There was no external injury to be seen. On removing the skull-cap, a depressed stellate fracture was found in the left temporal bone, and several ounces of blood extravasated between the bone and dura mater. This hemorrhage came from laceration of the middle meningeal artery.

The practical conclusion to be derived from the above cases is apparent:—If, some time after (probably not more than some hours) an injury to the head, coma and hemiplegia develop themselves, and no fever is present, you may fairly infer that compression is being produced by a slowly forming hemorrhage, external to the membranes; and in this case the trephine offers prospects for relief. If, however, with coma and hemiplegia, there is a high temperature, and especially if these conditions develop some days after the accident, you may expect a diffuse arichnitis, and there is little or no hope from operation.

CINCINNATI, OHIO.

FUNCTIONAL OBSTRUCTION OF THE INTESTINE, PROBABLY OF HYSTERICAL ORIGIN.

BY G. W. H. KEMPER, M. D.

About the first of last October I saw Mrs. S., aged twenty-four years, married one month. She had arrived in our city but a few days previously from her home in the State of New York. She was suffering from a trivial nausea and indigestion at first, and this had been followed by a light attack of diarrhea, which was readily controlled by astringents. The last alvine evacuation occurred Monday, the 7th day of October. No farther especial trouble was experienced for two or three days, when some uneasiness of the bowels seemed to call for a cathartic. Purgatives were repeatedly rejected from the

stomach for several days, during which time there was no especial pain, tenderness nor tympanites of the bowels; the vomiting, however, constantly became a more aggravated symptom, so that all food was finally rejected. A careful search was made for the several forms of hernia, with a negative result. On the 11th the vomited matters were stercoraceous.

I now requested that counsel might be called, and accordingly Dr. H. C. Winans was summoned on the evening of the date last mentioned. The patient was subjected to a careful examination. The temperature and pulse were nearly normal, and she stated that she suffered but little pain—rather an uneasiness. Dr. Winans thought, after some care, that he had discovered a concealed femoral hernia on the left side, but this was not confirmed. On the following morning an active purgative was administered, only to be rejected again by the stomach. From this time we gave no more cathartics by the stomach.

It now became evident that we had to deal with one of the varieties of intestinal obstruction, and accordingly we ordered belladonna in moderate doses until its characteristic effects were shown in the pupils. When active restlessness occurred we gave morphia combined with minute doses of calomel, or alone hypodermically as occasion might require. Each day, by aid of elastic tubes, we threw copious injections of warm water into the colon.

At this point I will digress sufficiently to call attention to the great value of the largest size of Nélaton's rubber catheters as a rectal tube. It readily finds its way between the walls of the intestine, and occasions no pain by its introduction. It is much superior in this respect to the ordinary rectal tube. It is to be hoped that some instrument-maker will take a hint, and make a better tube several sizes larger than the largest sized catheter.

Sometimes the injections were medicated with turpentine or castor oil, and occasionally the body of the patient was inverted and manipulations made over the abdomen to en-

courage the farther passage of liquids along the intestine. Afterward nutritive enemata were administered for supporting the patient's strength. The abdominal regions were thorougly examined, and the rectum and vagina carefully explored, but no knot or invagination could be discovered.

Such is a general outline of the treatment we pursued up to October 21st, when three copious alvine discharges occurred in rapid succession,—being just two weeks to a day since the bowels were last moved. During the two weeks the constitutional disturbance was but slight, and her strength and *embonpoint* were well preserved. The thirst was never intense; the temperature and pulse rarely strayed from the normal. The vomiting was greatly alleviated and lessened by the belladonna and opium treatment, although it was a daily occurrence and accompanied by copremesis. Once we ventured to give a pint of melted lard in repeated small portions, as recommended by some,* but with no apparent benefit, as it was vomited after an interval of a few hours.

The patient's condition never presented strikingly grave symptoms, although we could not but regard her condition as critical, and so informed the patient and friends. The lady, the wife of a clergyman, exhibited a remarkable patient and christian fortitude throughout her illness, which led her to submit cheerfully to every procedure, and doubtless contributed no little to her relief.

On the 24th, three days after the bowels were moved, the lady became morose and melancholy; this was followed by alternate fits of crying, laughter and screaming. For three days this hysterical condition continued with more or less severity, and then suddenly her mind became clear and calm, and from that time forward she rapidly regained her strength, and was soon able to attend to her duties.

We were led to overlook hysteria as a factor in the list of causes in this case, because at no time during the period of obstruction of the bowels were prominent hysterical symp-

* Especially Buckler, Am. Jour. Med. Sciences, Vol. 57, p. 68.

toms manifested; and yet I am led to believe, as I study the case, that it was one of the protean forms of hysteria. Flint* reports a similar case, associated with a hysterical condition. Gross merely records the fact that a hysterical condition may give rise to obstruction of the bowels, and such a possibility is not even stated by most of our standard authors. Evidently the fact of such a cause is not sufficiently dwelt upon in our text-books.

The surroundings of my patient were such as to promote a state of high nervous excitement. She was near to a monthly epoch, recently married, had forsaken home and relatives to form new associations in a distant state among entire strangers, and entering upon a new mode of life. Such a combination of influences acting upon a sensitive and nervous constitution might well provoke hysteria; and it does no violence to our faith to believe that such an attack might expend its force upon the nerves presiding over the intestine. We have hysterical laryngismus, vaginismus, tympanites, etc., as well as spasm of other tubular organs; and why not a similar condition of the intestinal portion of the alimentary canal? Further, the symptoms in this case did not indicate intussusception. No tumor was discernible per rectum, nor by palpation of the abdomen. No approach to a state of collapse or the Hippocratic countenance. No blood was passed per anum—a sign so characteristic of intussusception. "The so-called *dysenteric evacuations*, consisting of *bloody mucus*, are almost never absent in invaginations of the intestines, no matter where its seat may be." (Ziemssen.) A patulous condition of the anus, regarded as a valuable symptom of invagination, was absent in this case.

* Practice of Medicine, first edition, p. 362.

MUNCIE, IND.

DERMOID CYST OF THE LUNG.

BY G. C. SMYTHE, M. D.

On Thursday morning, January 31, 1879, the dead body of an unknown woman was found in bed at a boarding-house in the city of Greencastle, Ind. Nothing could be ascertained of her history prior to the evening preceding her death. It was shown by the evidence elicited at the coroner's inquest that she had arrived in that city by the Vandalia railroad line, on the eastward-bound 4 P. M. train, and that she had applied at three different places before she obtained accommodations for the night. By the evidence of those with whom she had conversed, it was shown that she appeared to be greatly exhausted, was breathing with much difficulty, suffering severely from paroxysms of coughing, so much so that it was with difficulty that she conversed at all, and her hands and lips were of a livid, almost purple hue. She stated to the lady with whom she stopped for the night that she had been suffering with what the physicians had told her was consumption for about three years, for which she had taken large quantities of medicine, including cod-liver oil, etc. She retired early, and at 8 o'clock on the following morning was discovered to be dead, lying upon her left side. On the table close by the bed was an empty four ounce vial, and by its side a dessert-spoon, which did not belong to the family who kept the house.

The body was removed to an undertaking establishment, where, at 1 o'clock P. M., Dr. E. B. Evans and myself made a post mortem examination of the remains, with the following result: Body slightly emaciated; no marks of external violence; five feet four inches high; light hair, hazel eyes, and fair complexion; age about thirty or thirty-five years. The contents of the cranium were found to be normal, as were also the abdominal organs, with the exception of a slight enlargement of the liver. The uterus contained a fetus of

between four and five months' development. The lower and middle lobes of the right lung were hepatized, and the upper intensely congested Heart normal in structure, although displaced as hereinafter described. In the left cavity of the chest was found evidences of a former pleuro-pneumonia, the lower portion of the pleural cavity being filled with a serous exudation, with which was mixed a small quantity of purulent matter and some flakes of a fibrinous exudation, which had separated from the inflamed and thickened pleura. This sero purulent collection amounted to about three pints. The entire upper portion of the left side of the chest was filled with what proved to be a large dermoid cyst, which extended from above downward to the lower margin of the sixth rib, and across, impinging upon the right cavity of the chest, displacing the mediastinum, pericardium and heart, until the latter rested beyond the union of the ribs with their cartilages, making a displacement of this organ equal to nearly six inches. A large portion of the lining membrane of this cyst was composed of true dermoid tissue, from which grew a considerable quantity of hair, some of which was eighteen inches in length, and thoroughly mingled with the sebaceous contents of the cyst, which were about the consistence of Dutch cheese, and two and a half pounds in quantity.

On the posterior and lateral parietes of the chest the pleura costalis and pleura pulmonalis were firmly adhered and much thickened. Imbedded within the thickened wall of the cyst was a genuine bone of adventitious growth, enveloped in a true periosteum, and composed of dense osseous tissue, weighing one hundred and twenty grains. It was developed from numerous points of ossification, which united in such a manner as to form four well defined semicircular or horse-shoe shaped portions of bone, which are curved with so many irregularities in the way of processes, angles, surfaces, etc., as to defy description. Measuring from the largest portion of the bone to the extreme point of the largest semicircle, in a direct line, the distance is two inches. From this latter point, which is the beginning of another semicircle, to its extreme point, in a

direct line, is one and three-eighths inches. From this point to the place of beginning is one and seven-eighths inches.

A large number of instances are upon record where hair has been found growing in abnormal positions. Dr. Benjamin Godfrey, in a work on Diseases of the Hair, published in London, 1872, has collected several cases of this kind, some of which will be quoted:—"Pliny and Valerius Maximus inform us that the Messenian warrior, Aristomenes, who died at Jabysus, in Rhodes, 668 B. C., had a heart covered with hair. Plutarch states that the same thing was found in the case of the warrior Leonidas. We learn from Cœlius Rhodiginus that Hermogenes, of Tarsus, when dead, furnished another specimen of this strange abnormal condition."

There is some reason to suppose that a mistake has been committed in the preceding cases, or at least that a mistranslation of the original text has been made. The meaning evidently intended to be conveyed is, that the external region over the heart was covered with hair, because no dissection of the human body was ever made until after the school was founded at Alexandria, 320 B. C. Neither were there any post mortems had. Even in the process of embalming the dead, the heart and kidneys were not removed. It was contrary to the religious belief of the ancient Greeks to do anything of the kind. They believed that the souls of the departed were compelled to wander upon the banks of the river Styx until the body was disposed of.

"Slonatius found hair in the blood of a lady; and Cardan, in that of a Spaniard. Tyson saw hair floating in the blood of a damsel. Scultetus beheld in the abdomen of a woman, who had died of dropsy, a curl floating in the fluid. In the Imperial Pathological Museum at Vienna is exhibited a mass of hair taken from the abdomen of a child six years of age. In 1858, at Guy's Hospital, the post mortem of a woman revealed three perfect teeth and a mass of hair of a brown color in the ovary. The bursting of the cyst had caused her death. The peculiarity of this case was that perfect skin and sebaceous glands to each hair were visible. Many cases are re-

corded where hair has been found in ovarian cysts. Several cases are recorded of hair being found in the bladder, and in one case a large mass of it was passed from the bowel; but in these cases a dermoid cyst had probably opened into these outlets. Hair has been found in the mastoid cells of the temporal bone, tympanum of the ear, in the substance of the brain, and in common abscesses. In the testicle of man, hair and teeth have been found, thus closely resembling the contents of some ovarian cysts. One case is recorded of hairs, two inches long, growing from the mucous membrane of the female bladder. Bulbs were visible in about one-third. Dr. Garrod relates a case in which a little girl, only eleven years of age, had a multilocular cyst of the ovary which contained a mass of hair, fat and fragments of bone. Dr. Tyler Smith exhibited a dermoid cyst with teeth and hair that had passed through the rectum."

A dermoid cyst is a form of disease seldom met with by the ordinary practitioner. According to Rindfleisch, three-fifths of these growths are located in the ovary; their next most frequent situation is the testicle. These cysts frequently contain teeth composed of the same elements as the ordinary teeth with which we masticate our food. The same author states that "actual bones have formed in cystic walls which may be supplied with a periosteum, and vessels quite like the bones of the skeleton. Henle found in a dermoid cyst a bone one inch long, of horse-shoe shape, which had serrated processes, with which again wedged-shaped bodies of the size of a hempseed, supplied with loose articular capsules articulated." Rindfleisch is also of the opinion that the fact that bones, hair, teeth, etc., are found in these cysts does not justify the conclusion that they are the débris of decayed fetuses, because they are found in situations which renders this explanation unlikely, and cites the case of Cloetta, who described a case of dermoid cyst of the lung.

GREENCASTLE, IND.

LECTURES ON THE SURGERY OF THE FACE.*

BY FRANCIS MASON, F. R. C. S.

Surgeon and Lecturer on Anatomy at St. Thomas's Hospital; Hon. Fellow of King's College, London.

LECTURE II.—PART I.

You will remember that in my last lecture, I alluded to some of the principal diseases of the face, and now with your permission I will refer to a few of the injuries incidental to this part.

Considering its exposed situation, the face has comparative immunity from accidents of all kinds, and this immunity may be thus explained:—First, that the head is extremely movable in all directions; and, secondly, that the hands and arms intuitively protect the part.

It is not within the scope of this lecture that I should speak of fatal injuries occasioned by gas explosions, railway accidents, the bursting of shells and gunshot wounds received in warfare, which I think may be well left to the imagination. I shall therefore confine my observations to such injuries as are usually remediable, and which are therefore consistent with life.

Lacerated wounds of great extent are frequently occasioned by broken glass. Thus, not long ago, I saw a barmaid whose face was terribly disfigured by the bursting of a soda-water bottle; and also another patient, a plumber, who was rendered a pitiable object by falling head foremost for a distance of twenty feet through a skylight. Again, I once had the opportunity of seeing a cabinet-maker who had a very severe wound of the face occasioned by a circular saw. But perhaps the worst examples of such injuries were two, one in which the face was literally smashed by a cricket-bat coming in full contact with the face, and the other was the result of a direct blow on the part from a cricket-ball.

* Delivered at the Medical Society of London, January, 1878.

Injuries of the face must be treated on the ordinary principles of surgery, but in this region it is of paramount consequence to procure, if possible, immediate union, and thus preserve the patient's personal appearance. Therefore, after the wound has been thoroughly cleansed from dirt, glass, or other foreign substances, the edges should be brought together accurately with good sticking-plaster. Sutures may be employed, but they should be dispensed with if possible, as they cause additional scars, but if used they should be of fine silk, which is, I think, preferable to silver wire. The removal of the wire requires some little skill, and I am sure that if there be any tension, the wire cuts its way through the cutaneous structures much more rapidly than silk does.

In injuries of the lips, harelip-pins with the twisted suture are very commonly used to unite the parts, but I employ, by preference, the ordinary interrupted suture, made of silk. Even simple strapping, efficiently applied, answers the purpose completely. This woodcut (Fig. 1), taken from a photograph, illustrates a case in which a portion of the lip had been bitten away by a woman, and in which the parts were successfully brought together with strapping only.

FIG. 1.

In speaking of injuries of the face, Mr. Holmes Coote aptly remarks "that wounds in this region caused by the violent action of blunt instruments have often the same appearance as if inflicted by the sharp cutting edge of a knife. For example, the sharp border of the superior maxillary and malar bones, or the edges of the teeth, will, when a blunt body presses against them, cut through the skin and subjacent soft parts, and cause an injury closely resembling an ordinary incised wound." As an instance in point, Mr. Erichsen relates the case of a man who was admitted into the hospital drunk and much bruised about the face. "Shortly after admission he vomited a large quantity of blood, which was at first supposed to proceed from some internal injury, but, on examining his lip, it was found that the hemorrhage was from the coronary

artery of the lip, which was divided with the mucous membrane.

In injuries of the face in children it is of great moment that the scar should be reduced to a minimum, and the same rule applies, as already referred to in my previous lecture, to wounds made by the surgeon in removing cysts or other tumors, nævi, etc., at an early period of life. It is, I suppose, an accepted pathological axiom that all scars grow in proportion to the growth of the body; and the question of the probable disappearance of cicatrices is one of more than ordinary interest, especially from a medico-legal point of view. As bearing on this question, it will be in the recollection of the fellows that Mr. W. Adams read a paper on this subject at this society in 1873, and alluded to four cases, amongst them one of a young lady who, when a baby a year old, was operated on for nævus by excision in the region of the breast. The scar left at the time was less than an inch and a half, but at nineteen years of age it was found to have increased enormously, measuring three inches in diameter. The case showed that when a portion of the skin has been destroyed, the cicatrix appears to be persistent through life, and grows *pari passu* with the rest of the body, or rather with the portion of the body over which it may be placed. The increased size of the vaccination scars observed in the adult seems to prove this. Sir James Paget puts the case well in saying that "the scar of a child, when once completely formed, grows as the body does, at the same rate and according to the same general rule, so that a scar which the child might have said was as long as his own forefinger will still be as long as his forefinger when he grows to be a man."

Apropos of this part of the subject, you will perhaps remember that about two years ago I showed a patient, a girl aged fifteen (photograph shown), who had a cicatrix, about an inch and a quarter in diameter, situated over the left breast, which was the result of an operation for nævus performed when she was three months old, the scar after the operation being about the size of a sixpence. As the breast developed, so the cica-

trix became proportionately larger. I venture to cite this case, not as strictly relating to the part of which I am now treating, but because it illustrates in a remarkable manner the fact that cicatrices increase not only in proportion to the growth of the body, but that they grow in proportion to the development of the organ on which they are placed.

I am, however, glad to be able to adduce a more apposite example to illustrate the growth of such cicatrices (represented in Fig. 2). In November last a young man consulted me with reference to a circular scar situated on his right cheek, and which was thought to be growing rapidly. He was eighteen years of age, and his mother informed me that when he was a baby he had a very small nævus in the situation of the cicatrix, which was cured by ligature. His mother was assured at the time of the operation that as he grew up the scar would disappear, and she was therefore rather astonished, not to say disappointed to find that it was now three times as large as it was in babyhood. The explanation of this enlargement lay in the fact that the young man was getting, as his mother remarked, unusually "fat in the face."

FIG. 2.

Burns and Scalds.—With regard to the management of burns and scalds in the region of the face (and I allude to such cases as are not beyond surgical aid), the popular treatment at the present day seems to be the application of carron oil. At St. Thomas's Hospital we frequently employ this remedy; but in the children's ward, into which these accidents are almost daily admitted, a mixture of whiting and acetic acid is used. It is prepared in the following manner: One part of acetic acid is mixed with twelve parts of water, and whiting is added until the fluid becomes of the consistence of cream.

The mixture is applied lightly with a brush during effervescence, and in addition the part is usually covered with soft linen and cotton-wool. The soothing effects of this preparation are so marked that I confidently recommend it for more general use. It is very clean, and is especially useful in burns and scalds of the face and neighboring parts. The deformities occasioned by burns and scalds are well illustrated in Figs. 3, 4, 5, and 6 taken from photographs; but of these, with their treatment, I shall speak in my next lecture.

FIG. 3.

FIG. 4.

Injuries of the Parotid Gland and its Duct.—Cases are reported in which the duct of the parotid gland has been ruptured subcutaneously by a blow, and in which the salivary secretion has burrowed in all directions, giving the patient an emphysematous appearance, causing much disfigurement of the face and neck. The duct has also been partially destroyed by ulceration in severe cases of lupus or cancrum oris; and it has been divided, either of necessity or unintentionally, by the surgeon in operating on the cheek, or in removing tumors from the jaw. Saber wounds have in some instances been followed by salivary fistula. In a case of this kind of fistula which resulted from the patient falling on a red-hot poker, I adopted a simple plan of treatment. A probe was passed through the mouth and made to emerge from the fistulous aperture in the cheek; then, having bent the instrument

slightly, it was pushed along the duct as far as possible in a direction toward the gland. The probe thus fixed was retained for nearly the whole of the day, and at night it was removed. Three days afterward it was again introduced through the mouth, and passed readily toward the gland. After the first introduction the saliva ceased to flow from the opening in the cheek.

Mr. Pick, of St. George's Hospital, has treated a case much in the same manner in a patient aged twenty. An attempt was made to pass a probe "in order to ascertain if any opening existed into the mouth," but the instrument being too

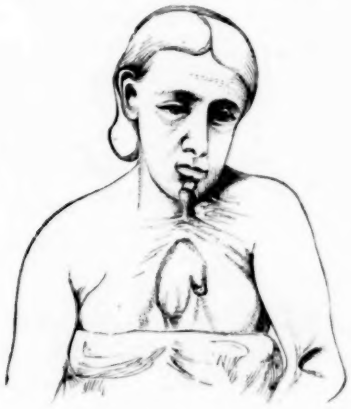

FIG. 5.

large, further attempt was abandoned until a smaller one could be procured. "The following morning the patient was surprised to find that her pillow, which had been previously saturated with moisture, was quite dry, and upon examination it was found that the opening was completely closed."

Fistulous openings in connection with the parotid gland itself are of very rare occurrence, yet they are known to have been produced by the opening of an abscess behind the jaw, and have even followed a peculiar inflammation of the gland structure. I had the opportunity of watching a case of this kind occasioned by a burn which destroyed the ear and neigh-

boring parts. There were nine or ten minute spots over the parotid gland from which saliva exuded. The patient got quite well after a free application of the solid nitrate of silver and the firm application of a bandage.

Sloughing of the Face.—Owing to the extreme vascularity of the part, sloughing seldom occurs on the face, and, when met with generally, depends upon the direct application of intense heat, such as red-hot iron, etc. Injuries even at a distance from the face, say in the neck, are sometimes followed by sloughing of the nose or ears—that is to say, parts to which the blood is with most difficlty sent. Sir James Paget, in his

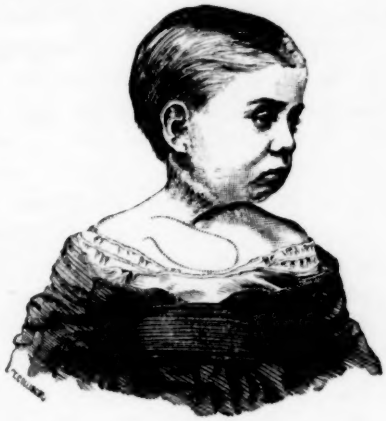

FIG. 6.

lectures on Surgical Pathology, page 25, quotes several examples to show how portions of the body may mortify from the absence or deficient supply of fresh blood, and refers to a specimen in the Museum of the College of Surgeons, which is of especial interest in connection with the surgery of the face. The specimen was the larynx of a man who, while in low health, cut his throat, and suffered a great loss of blood. Before he died his nose sloughed.

Treatment of detached soft parts.—However mutilated the skin of the face may be, the surgeon should under all circumstances endeavor to bring the edges of the wound accurately

together, and even if a portion should be completely detached by accident or design, an attempt should be made to restore the part to its pristine position. For example, there are numerous instances on record in which the nose has been replaced, and an interesting example of this kind is reported by Dr. Malfatti. A soldier had his nose cut off by a saber. The piece was taken up from the ground on which it lay, was cleaned and reapplied, being secured in its place by sutures. The case did perfectly well. Again, Mr. Spencer Watson relates the case of a gentleman who, when he was a child, cut off a portion of the end of his nose with a carving-knife. His mother, with great presence of mind, instantly replaced it, and kept it in position by means of a plaster composed of brown paper smeared with soap and sugar. The severed parts completely united, and only a trace of the original injury was left. A somewhat similar case in an adult came under my observation when I was house surgeon at King's College Hospital. In this instance I reapplied the greater part of the nose, and Mr. Slayter, the then house surgeon at the Westminster Hospital, afterward reported three cases, one in which the nose was readjusted, the second in which three teeth had been replaced, and a third in which a portion of the scalp had been knocked off with a quart pot, and had been sewed on successfully.

Injuries of Bones of Face.—With regard to injuries of the bones of the face, perhaps the nasal bones are those most frequently fractured or dislocated. In either case the parts should be brought into their normal position as soon as possible after the accident, and if once in their proper place are little apt to shift, because, as is well known, there are no muscles directly attached to them. Mr. W. Adams, who gave us a paper on this subject in 1875, observes that such cases may be divided into two classes,—first, those in which the injury is limited to the cartilaginous portions; and, second, those in which the nasal bones are fractured. In all these cases the principle he advocates is to straighten the bent cartilaginous septum with a pair of strong forceps with flat parallel blades,

and when the nasal bones are depressed, to raise them also with the same instrument. Dieffenbach operated by a subcutaneous method in two cases in which the nose was thrown outward on the cheek, one nostril being turned upward and the other downward. He introduced a narrow bistoury under the skin of the bridge, dividing the union of the cartilage with the bones, and separated the alæ and septum, every part of the operation being subcutaneous.

Whilst it is expedient in adults to bring the displaced parts in apposition as speedily as possible, it is even of greater importance to effect this in children, for Mr. Hilton has shown that the expansion of the sphenoid bone pushes forward the vomer and the septum nasi, and subsequently also the nasal bones. Any injury, therefore, of the nasal bones, attended with displacement to either side, would necessarily result in a progressive deformity, since the bones would continue to grow in the abnormal direction.

In cases of severe burns, involving the eyelids or the nose, great care should be taken to retain the external apertures. Mr. Le Gros Clark has reported a case which he treated successfully by incising the anterior nares and keeping the parts open with a trocar.

Blows on the nose are occasionally followed by abscess and exfoliation of the nasal bones; but such consequences may, in many cases, be averted by timely incisions, as in a case under the care of Mr. J. Hutchinson, in which there were two inflamed swellings of equal size situated on either side of the bridge of the nose in such a manner as to extend its transverse measurement to about an inch and a half. The abscesses were laid open freely, and the patient did well. Injuries to the nose of even a trivial character are occasionally followed by a fatal result. Thus, Dr. Keeling, of Sheffield, reports the case of a patient who was struck with a piece of iron on the forehead and nose. There was a simple fracture of the nasal bones without much displacement. The patient died, and on opening the calvaria the dura mater was found much lacerated. Five ounces of pus escaped, and the crista galli, with the

perpendicular plate of the ethmoid, was found separated from the cribriform plate, quite loose, and imbedded in the substance of the brain. Mr. Bryant also quotes a case in which a severe blow upon the jaw produced a fracture of the middle fossa of the base of the skull.

Emphysema.—Emphysema of the face and neck is not unfrequently met with when the bones of the face or the frontal sinuses are damaged. Thus, I once saw a man who, whilst walking, received on the right side of his face the whole weight of a long rod of iron which was being carelessly carried by another person. There was a very superficial wound situated over the malar bone, and no apparent displacement of the bones. In two or three days, however, the patient's face on the injured side was very puffy and emphysematous, and was nearly twice its normal size. The swelling entirely disappeared in ten days.

The following case occurred in the practice of Mr. Prescott Hewett. The patient was twenty-three years of age, and fell during a fit on the left upper jaw, which was displaced, but firmly fixed. The following day the emphysema had spread to the hyoid bone, and went as low down as the cricoid cartilage; but it all disappeared within a week from the time of the accident, and the patient made a good recovery. Emphysema of the eyelids, resulting from fracture of the os planum of the ethmoid, has been referred to by Dupuytren.

Dr. Keith, of Aberdeen, has most truly observed that "wounds of the face, however ghastly to look at, are not dangerous to life," and some remarkable recoveries are on record after very extensive injuries to the bones and soft parts in this region. The following may be taken as an example, and the patient was under the care of Baron Larrey. The patient was a soldier aged twenty-three, who attempted suicide on March 4, 1823, by shooting himself. "In the left ramus of the lower jaw there was a large irregular aperture by which the ball had entered. It made its way through the lower and upper jaw, the left nasal cavity and orbit, and had come out at the left side of the root of the nose. The jaw bones were

crushed to fragments, part of the tongue was lacerated, the lower parietes of the orbit fractured, and the eye had burst the eyelids; the nose and upper lip were torn into several flaps, and the lachrymal and frontal bones fractured." He made a good recovery.

Another case is reported by Professor Longmore, of Netley, which he believed to be unique, inasmuch as it was followed by total dumbness without direct injury to the organ of voice. A soldier was struck just below the center of the lower lip during a charge of his regiment on September 21, 1860, by a musket-ball. The two incisors, the canine, and one bicuspid of the left side were carried away, and the ball lodged in the soft tissues of the floor of the mouth behind the frænum linguæ. Immediately after the injury, there was complete loss of the power of articulation. The ball was not removed until the twenty-third day after the injury, and was then extracted from within the mouth. The sequel of the case may be briefly told, for about two years after (at the end of July, 1862) the man suddenly recovered his speech while in a state of excitement during an altercation at a public-house. Prof. Longmore was inclined to attribute the dumbness to "nervous shock," in addition to the structural lesions, and to class the case with those instances of temporary aphonia which sometimes occurs from hysteria, fright, etc., and where the recovery of speech is often sudden. Dr. Aitken, however, who saw the case, thought that the loss of voice was due to injury of the muscles of the tongue and to the disturbance of the ninth nerve.

A third interesting case is reported by Dr. McQuillen, of Philadelphia, of which I show you drawings.

Dislocation of the Superior Maxilla.—Simple disarticulation of the superior maxillary bones is a very rare accident, but Mr. John Salter, of Tolleshunt d'Arcy, reports such a case. "The dislocation was," he says, "beyond doubt, inasmuch as the bones, in their wedge-shaped entirety, could be freely moved backward and forward, upward and downward, and from side to side. The separation of the malar bones from their articulation was no less distinct. A gutta percha splint

was applied, but it was several months before the patient, aged thirty, could bite solid food." In this case, at the time of the accident, the face felt like a quantity of "loose bones." Mr. South, in speaking of a somewhat similar accident, describes the bones as feeling like "beans in a bag."

A curious case of dislocation of the left superior maxilla was under my care in the summer of 1876. The patient was thrown from a cart, and alighted on her left cheek on some prominent object (she believed a loose stone). On examination a distinct depression of about half an inch was seen on the injured side, and on placing the finger behind the soft palate, there was an evident prominence. The patient was perfectly free from pain or annoyance, and left the hospital in about ten days, apparently as well as ever, with the exception of the depression above referred to. Mr. Houghton reports a case of depression of the superior maxillæ, in which the parts were so displaced that the patient could not protrude the tongue until the bones were readjusted.

Dislocation of the Lower Jaw.—The usual causes of dislocation of the lower jaw, such as yawning, the attempt to bite an apple or other substances, are too obvious to need reference at the present time. This luxation is known to occur occasionally, though very rarely, during the extraction of teeth; and Mr. James Salter, in a series of papers, alludes to such cases, and, with characteristic candor, speaks of this accident occurring in his practice when he was taking a model of the lower jaw in a patient aged seventy. Mr. Salter took the upper model first, and then having taken that of the lower jaw, he noticed that the patient did not shut her mouth; it was fixed wide open. The reduction of the dislocation was easily effected, and the patient stated that she frequently "put out" her jaw in yawning and laughing; and Mr. Merson also relates a similar case. Such displacements have been known to occur during a laryngoscopic examination, and I know of one instance in which, in the operation for cleft palate, the gag had been so vigorously applied as to produce a similar deformity.

Mr. Edwin Morris, of Spalding, refers to a case of dislocation of the jaw which he believed to be the result of tongue-sucking. The patient was a young lady, aged fifteen, who was awakened from her sleep with pain under her ears, and inability to close the jaws, or to articulate plainly. The patient was addicted from infancy to tongue-sucking during sleep, and Mr. Morris thought that the continued action of the pterygoid muscles had so preternaturally loosened the ligaments and muscular structures supporting the joints as to render them unable to resist their violent action during sleep.

Dr. Ballard speaks of a similar dislocation, the result of thumb-sucking. In reference to thumb-sucking, I may add that Dr. Dobell has observed in patients who are given to this practice that there is a peculiar and rather common deformity of the chest, caused by the habit of sucking the thumb in infancy and early childhood. The weight of the arm on the thorax of the child during sleep produces depression of the ribs in the line occupied by the arm when the thumb is placed in the mouth.

I need not enter fully into the various theories as to the mechanism of dislocation of the lower jaw. Petit, Boyer, Sir Astley Cooper, and others have pointed out that the condyle lies in front of the transverse root of the zygoma, and is there held either by muscular contraction or by the resistance of the zygoma. Malgaigne and Nélaton thought that the coronoid process came in contact with the malar bone, and believed that, in order to effect reduction, it was only necessary to place the two thumbs on the coronoid processes after the patient has opened his mouth, without taking hold of the jaw or making any fulcrum, to press the condyles back into their places. Mr. Barnard Holt, writing in 1840, suggested a somewhat similar method, but depressed the angles of the jaw from the outside. Thus, he says, "the surgeon stationing himself behind and above the patient, places the thumb of either hand upon the angles of the jaw on a level with the insertion of the posterior fibers of the masseter muscles, aud then presses downward and backward." Other observers, as Maisonneuve

and Weber, believe that the coronoid process does not become fixed against the malar bone; and Mr. Heath corroborates their view on this point, for, from experiments he himself made, he found that "in the macerated skull it is easy to dislocate the condyle so far in front of the articular eminence as to cause the coronoid process to be hooked against the malar bone, but this is by no means easy on the subject, even when the parts are dissected, and can only be accomplished by tearing the structures of the joint very considerably."

The relaxation of muscles appears to be the chief means of effecting the reduction, and thus it is in many instances sufficient to divert the patient's attention. M. Clement speaks of cases in which, after very painful efforts at reduction, the condyles suddenly returned to their cavities during an examination of the mouth. A remarkable case, illustrating the spontaneous reduction of the lower jaw in dislocation, was under my observation at St. Thomas's Hospital two years ago. The patient was a middle-aged woman, who stated that for several years she had been subject to luxation of the lower jaw, which happened sometimes twice a week. At times the dislocation was easy of reduction, but she had got so accustomed to the condition that she was in the habit of going to bed with the parts unreduced, and she invariably found when she awoke that the jaw was in its proper position.

FOREIGN CORRESPONDENCE—OUR LONDON LETTER.

LONDON, April, 1879.

MY DEAR YANDELL: The theme of my discourse in my last letter was chiefly antiseptic midwifery; now I propose to give you something on diseases of the skin and hair. I know you have an interest in the first; and admire (or at least I give you credit for it) the latter, when it is well attended to.

Mr. Jonathan Hutchinson read an address the other day on "Syphilis as an Imitator." He pointed out that in many of the syphilides the adjective "syphilitic" is prefixed to some ordinary disease, as psoriasis for instance. He said there was no difficulty in explaining why syphilis should be an imitator of old types, and not an originator of new ones, if we admit as probable that almost all possible forms of morbid process existed already independently of it. Syphilis can not devise for itself any new set of organs; nor can it lay down any new lines along which morbid action, once originated, may spread. It must work in the old grooves, and travel by existing paths. In the form of syphilitic eruption, which looks like small-pox, the rash is scattered symmetrically over face, limbs and trunk. It may be discrete or confluent, according to its abundance. The pimples are hard and horny at first; they have depressed centers; they form adherent scabs; and they leave scars. The difference lies in the comparative slowness with which the syphilitic rash runs its course. He had seen, he stated, several cases which had been treated at the small-pox hospital, which were undoubtedly syphilitic. Yet so late as 1877 he himself fell into error. The patient had just landed from a voyage on board ship, and was covered from head to foot with crusts exactly like those of variola in the third stage. Some had fallen, and left deep scars behind them. The stages had been unusually long, but still had not exceeded possible limits. He says:—"I questioned him as to syphilis, and examined his penis and throat, but without finding any reason for doubting his word. The sequel, how-

ever, proved that it was syphilis The scabs took months to fall; and just as he was recovering from the eruption, iritis manifested itself, which was unquestionably syphilitic."

Slow progress is the one difference between the two exanthems. The similarity is produced by the fact that syphilis in these cases attacks precisely the same anatomical structures as those in which the variolous pustule is developed.

Syphilitic roseola is well known. There is a mottled congestion of the skin in ill-defined crescentic patches, exactly like measles. As in measles it is almost wholly an erythema, and if the skin be stretched the vessels may be emptied and the rash vanishes. Syphilitic roseola is less bright in tint and less conspicuous than true measles. Pemphigus and lichen are both simulated by syphilis. As to syphilitic psoriasis palmaris, he said that the widely spread creed that it was always syphilitic is conclusive in support of his proposition. Lupus is one of the maladies which syphilis simulates. Lupus consists essentially in the growth of cell structures in the true skin, which destroys the tissues; when it retrogrades and leaves a scar. Syphilis mimics it in all its varieties. Phagedenic syphilis simulates ulcerating lupus. At other times this form of syphilis closely simulates rodent cancer. In iritis and keratitis, syphilis follows non-specific disease; as it does when the retina is the seat of disease. The rest of Mr. Hutchinson's most interesting and instructive paper I shall abstract in my next letter. I trust he will tell us something about the effects of syphilis upon the teeth. I more than suspect that he will tell us that there syphilis imitates certain modifications which occur under other circumstances than those of inherited syphilitic taint.

At a recent meeting of the Pathological Society, Mr. Malcolm Morris showed some beautiful microscopical specimens and drawings of a peculiar but interesting disease, which is known by the name of "piedra." A special interest was aroused by these specimens, owing to the fact that nodular diseases of the hair in general had formed the subject of a controversy during several weeks last summer, in the pages of

the London Lancet. It was thought by some that "piedra" was nothing more or less than the trichorexis nodosa of Hebra; but now it has been clearly shown by Mr. Morris that there is no kind of resemblance between the two in their minute histological condition, however much they might resemble one another in their naked eye appearance. The word "piedra" is the Spanish for stone, and is used to designate a certain disease of the hair, that occurs in the form of minute nodes, which rattle like stones when the hair is combed. This disease has only been found in one state of Columbia, that of Cauca. It was originally described in a paper by Dr. Nicolas Osorio of the University of Bogota, from which the following is an extract:

"In 1874, Dr. Evaristo Garcia gave me a specimen of hair which had been sent to him from Cauca, and asked me to study in it the disease known in that state by the name of stone (piedra). Dr. Gutierrez Portillo was kind enough to let me have a few more specimens some time afterward. On examining one of these hairs with the naked eye, several very small tubercles of a round shape are seen, about the size of the head of a common pin, of a black color, and possessing a horny consistency. They are situated at almost equal distances apart. On microscopical examination with a low power no organization at all can be detected. Magnified three hundred and fifty times and treated with glycerine, scales similar to those of the hair epithelium are brought into view. On teasing these tubercles with a needle, they are seen to be hard and horny, and the small particles which are thus separated exhibit the characters of the hair epithelium. When this little tubercle has been taken off, the hair remains almost natural, showing only a kind of circular depression around the spot, which the tubercle had been filling up. These tubercles show more of the characters of the epiphytes, as they have been described until now. They do not resemble the puccinia, or the mucor, or the aspergillus, or the oidium, or the achor, or the microsporon, or the trichophyton. It can not be an epizoon either. Considering the characters of the hair epithe-

lium, and their resemblance to those offered by the elements in which the tubercle is separated by teasing, I believe that this disease is produced by the agglomeration of the epithelium at certain points of the hair. The natives of Cauca cure this disease by thoroughly greasing the hair; at the end of twenty-four hours the tubercle may be easily detached. It is known by experience that the disease is not contagious. The true cause which produces it is still unknown. Dr. Fontal believes that the excessive use of linseed-water for washing the hair has much to do with its production."

It is clear from this that Dr. Osorio does not believe in the parasitic nature of the disease. The specimens shown by Mr. Morris were given to him by the same gentleman that had supplied similar hairs to Dr. Osorio, namely Dr. Portillo, a physician now resident in Paris, who also supplied many facts concerning the history of the disease. It has never been known to occur on any hair but that of the head; very rarely, if at all, in men. It never affects the roots of the hair; and usually begins half an inch from the root, then spreads onward, or is rather pushed on by the use of the comb. The number of nodes varies from one to ten on each hair; two nodes are never found together, but at certain distances. When the whole of the hair of the head is affected, there is a peculiar acid smell given off. The disease never occurs in cold regions, but in the warm and sheltered valleys. It is supposed to be caused by the use of mucilaginous fluid, like linseed-water, with which the women wash their hair to keep it smooth and glossy. Another hypothesis is that, washing in certain stagnant rivers produces it. The use of these fluids will not produce the disease in a cold climate; this has been proved by experiment. It, therefore, seems that two factors are necessary for its production—one, a thick fluid containing fungoid elements; the other, the heat from the sun to cause these elements to mature. The hairs themselves, as seen with the naked eye, are dark in color, weak and flaccid. The small nodes, or piedra masses, occur at irregular intervals; they are intensely hard, producing a rattling noise, when the hairs are

beaten against glass. In attempting to cut one of the nodes with an ordinary knife, great difficulty is experienced, the knife slipping off at either side; but when considerable force is used, the node breaks with an irregular fracture.

Under the microscope (Hartnack No. 8), the appearance is that of a honeycomb looking mass, consisting of spore-like bodies, deeply pigmented on the surface. There is a uniformity about the arrangement of these bodies, the rows of minute cells lying parallel to each other. In the earliest stage of development, a single cell is seen lying on the hair; similar cells form laterally so as to constitute radiating columns of cells. As soon as the mass has grown to a certain size, the surface cells seem to alter in shape, becoming darker in color, forming a pseudo epidermis. Near the periphery, but within the mass, here and there are seen more or less oval-shaped cavities, containing elongated cells.

When the node is broken up, and carefully washed in liquor potassæ and prepared in glycerine, these elongated cells appear like tufts attached by their base to one of the small, rounder cells This condition corresponds very much to that seen in the group of fungi called ascomycetes. At all events, there is no question as to the fungoid nature of the disease.

From the above description there can be little doubt that the disease is not the same as the fragilitas crinium of Wilson, or the trichorexis nodosa of Beigel and Hebra; but at the same time it might be confounded with the disease which created such excitement a few years since, and known as the chignon-fungus. Dr. Tilbury Fox went so far as to state this as a fact at the recent discussion on the subject. Whether the chignon disease was parasitic or not, is hardly the question in dispute; but at the same time if it is a fungus, a careful examination of Beigel's plate, in the Pathological Society's Transactions, would soon satisfy the observer that it is totally different in character from the fungus of piedra, now for the first time exhibited and described by Mr. Malcolm Morris. So much, then, for the dermal appendages and their maladies.

Mr. Richard Davy has, with his wonted good-humor, blended with sagacity, been delivering himself of a few burning truths about the surgical aspect of our present mode of railway traveling. He does not think the surgeon's duty confined to patching up the mangled victims of an accident, but thinks surgeons have an equal standing for the prevention of surgical accidents that are preventable, with that of the International Commission of Medical Men for the Limitation of the Plague. He first censures running human beings and freight on the same line of rails, and points out how few accidents have occurred on the underground railway, where the traffic is almost exclusively passengers. Then he makes merry over the present senseless arrangements by which a ticket can only be procured a certain time before the departure of each train; and that, too, only at one microscopical pigeon-hole, around which there is a dense crowd. At last, after much struggling, much loss of time, and not rarely of temper with some unintelligent or perverse-looking clerk, the would-be passenger has to hurry over the dangerous ditch betwixt the platform and the railway carriage. Having gained the pen in which he is doomed to travel, the unfortunate passenger is locked in, so that if there is an accident happening he may have no chance of escape. Why, he justly remarks, should the majority of sensible travelers contract for imprisonment, and submit to it, in order that security may be granted a drunken fool or an idiot? The excuse made is that this plan economizes labor in collecting tickets.

There are not only these dangers of accident to be encountered, but Mr. Davy credits our railway system with cultivating much disease of the bladder and kidneys as well as of the bowel, by their latrine arrangements, which he condemns in eloquent terms. Then he refers to the present arrangements for communicating with the engine driver or guard. Who, he asks, will smash his fist through an exaggerated watch glass, and correctly turn the handle in the course of a struggle, or in a state of collapse? or who will have the presence of mind in anticipation of an assault to ascertain in which

side of the window there hangs an inconveniently long cord? or who cares to know that if communication with officials has been successfully achieved, inquiries may be made after irreparable mischief has been done. The days of our insular seclusion and approval of shut-up boxes must surely soon pass away, and lead to the public insisting upon through communication as the only safe and civilized plan of railway carriage construction. Such through communication would do away with the present long halts to examine tickets. He concludes with hoping that when the government takes up railways as it has done telegraphs, the present idiotic arrangements will be done away with. At the present time, though the train-speed and service is moderately good only, our railway directors' conduct in matters of civilized detail is extremely bad; and, as usual, in fertility of resource, inventive adaptation, and utilitarian progress, they have fairly been outstripped by our American cousins. It is to be hoped that these frequent utterances of Mr. Davy will lead to some practical results.

And now I must conclude with the following which is told on one of our best known physicians: He was consulted by a member of the staff of a leading illustrated paper. Leaning back, with folded arms and a Napoleonic frown, he said:—"Well, there is not much the matter with you. A little change of air and scenery is all that is requisite."

As the patient had just come off an eight thousand mile sketching excursion, the advice seemed slightly off the target.

Reviews.

A Practical Manual of the Diseases of Children, with a Formulary. By EDWARD ELLIS, M. D., late Senior Physician to the Victoria Hospital for Sick Children. Third edition. New York: William Wood and Co. 1879. 8vo., pp. 210.

This book seemed like a bargain. It is one of the dollar books published by the Woods of New York, in the so-called library of standard medical authors, but after scrutinizing its pages is likely to be cast aside by the purchaser with feelings of disappointment and disgust. Of no value whatever to the young student, it is if possible of less to the old practitioner. We read, for instance, on page 3:—"The normal temperature of the child, taken say under the arm pit, is 88° to 98° F." An earnest student would make brilliant progress with the thermometer as a guide in disease, after such "standard" instruction, especially when told that "temperature is a better guide than the pulse in the diseases of young children, and should be used to correct its indications."

Again, on page 58:—"Intermittent fever occurs but rarely in children, and more rarely still in children under five years; a brief notice, therefore, will suffice." The notice is truly brief, for the whole question is discussed on a single page, treatment and all, and the important suggestion made that "treatment is best commenced by a free purge." All this is made the more ridiculous to the average doctor, when he turns to the preface and reads:—"I therefore trust that it (the book) may not be found less useful to the student and junior practitioner in England, America and Australasia, than its predecessors."

The author seems to be exceedingly liberal in giving credit to others; indeed, herein lies the chief merit of the work, for there is little of originality in it. From first to last, in tire-

some array, we read "Mr. Maunder recommends," "Cazeaux suggests," "Dr. Corson condemns," "Dr. Gumprecht says," "Dr. Dubrunfant points out," "Dr. Swanzey advocates," "Dr. Gee thinks," "Dr Vogel mentions," "Dr. Naylor states," "Dr. Daun advocates," "Dr. Smith cites," "Dr. Foster records," "Dr. Ringer extols," "Dr. Fox attaches," "Dr. Jenner maintains," "Mr. Sartain considers," "Dr. Tanner publishes," "Dr. Duhring denies," "Dr. Tott has shown," "Dr. Condie speaks," "M. Girard thinks," "Dr. Scott observes," "Dr. Binz expresses," "Dr. West gives;" and thus reference after reference, to author after author, through page after page, until finally the writer, at page 160, strains to an end with a full measure of prolapsus ani, where we are seriously told "it is a good plan, in obstinate cases, to keep the child in bed, with its feet raised up on a pillow for a few weeks."

But fifty additional pages are required to make the book respectable in point of size, and these are made up with formulæ, stupid and stale, that have been handed down from generation to generation—sad relics of an age of polypharmacy. The veteran in practice has long since learned that, in a large proportion of the acute diseases which afflict the human family, the tendency is toward health and not toward death; and that usually a disturbing treatment does not hasten recovery, but frequently protracts it. He has also learned that the occasion is frequently presented when it becomes necessary to "do something" for the relief of suffering humanity; in other words, to practice his art. Strongly impressed with such ideas, he is ready to welcome a system of therapeutics that may seem rational and reasonable; he seeks after and treasures up everything likely to prove useful, and with equal facility promptly rejects what his judgment condemns.

Let us return now, and see to what kind of a therapeutical feast we are invited to by Dr. Ellis. We promise to be brief, and to leave the reader to make his own criticisms. Diseases are named and quotations follow:

Eczema—"A free purge of calomel and jalap will be useful at the outset." Convulsions—"If the child has been irritable, and has had 'inward fits,' the fontanelle being prominent, there is some abnormal condition of the nervous system, calomel will be required at once, a few leeches or a blister on the vertex." If they be due to uræmia-poisoning after scarlatina, "twenty grains of jalap powder with a little scammony, to a child five years old, repeated every two or three hours." Hydrocephalus—"The best plan consists in quarter to half grain doses of calomel, with the inunction of one or two drachms of mercurial ointment into the shorn scalp daily. If no improvement in six or eight weeks, insert an issue in the neck." Pneumonia—"There is no objection to clearing out the bowels at the start with calomel." Gastric catarrh—"A purge of calomel and jalap is desirable at the commencement of treatment." Diarrhea—Lance the gums if tender; "small doses of calomel and opium, or logwood, kino and catechu, may be required." Peritonitis—"It is well to begin with calomel and Dover's powder every two hours. . . . Some recommend mercurial ointment, rubbed into the thighs, to hasten salivation; two drachms may be thus used." Inflammation—"Calomel one grain, nitre one grain, every three hours." Croup—"A dose of calomel may be required," or "tartar emetic one-eighth of a grain every fifteen minutes."

The following are copied to show want of care and accuracy:

℞ Alum, . .	ʒ iii	℞ Paregoric, . .	min. xx
Syrup, . .	ʒ i	Wine of ipecac,	min. xx
Dose, . . .	ʒ ss	Syrup, . . .	ʒ ii
		Mucilage, ad. .	ʒ i
		Dose, . . .	ʒ ii

Again we read:—"Aconite I have recently employed to a rather large extent at the instance of a homœopathic friend."

But we are sick of the task; for there are hundreds of safer practitioners in the south and west, and scores who can write a more useful book. And yet this one comes to us all the way from Auckland, New Zealand, and stamped "standard."

J. M. K.

Health, and How to Promote it. By RICHARD MCSHERRY, M. D., Professor of Practice of Medicine, University of Maryland, etc. New York: D. Appleton and Co. 1879. 185 pp.

Prof. McSherry has presented a very pleasant and readable book on a theme, at this time receiving widespread attention from intelligent people throughout the civilized world. He treats of the sanitary affairs of the individual rather than that pertaining to the public; and estimating human life at eighty years, he divides into scores, and crediting Pythagoras with the suggestion, details the hygienic necessities of infancy, childhood and youth, which compass the first score; then of the young man, the second score; the man, the third, and the old man, the fourth score of the term of life.

Diet, clothing, exercise, education, labor, rest, and the surroundings for each period, are fully considered.

Original investigation is not claimed, but an intelligent and discreet collation of the teachings and conclusions of those who have investigated carefully and written wisely is given in chaste and expressive language, and in admirable sequence and connection.

The book is written for an intelligent public patronage, and not for professional instruction; and for this service, is of good design and well executed, except, perhaps, that there are too many untranslated Latin and French quotations and expressions—a condition that often mars and never improves a book on scientific subjects intended for popular enlightment.

J. F. H.

Clinical Lectures on Diseases Peculiar to Women. By LOMBE ATHILL, M. D., University of Dublin, Master of the Rotunda Hospital, etc. Fifth edition. Revised and enlarged, with Illustrations. Philadelphia: Lindsay and Blakiston. 1879. 8vo., 335 pp.

We have spoken in high terms of previous editions of this little volume; we would gladly add to, rather than retract any of that praise.

Medical Chemistry—Including the Outlines of Organic and Physiological Chemistry, based in part upon Riche's Manual de Chimie. By C. GILBERT WHEELER, Professor of Chemistry in the University of Chicago. Philadelphia: Lindsay and Blakiston. 1879. 8vo., 410 pp.

The author of this book formerly lectured on chemistry in the Chicago Medical College, and at that time doubtless discovered how poorly prepared most medical students were to acquire anything but a very superficial idea of chemistry. He assumes in this work that the reader is versed in the general principles of modern chemistry; and while there are many things in the book which a student can comprehend without having studied inorganic chemistry, still there would be much as unintelligible to the majority of medical students as the Syriac characters. The first part of the work is devoted to organic chemistry; the second especially to physiological chemistry, in which the subjects of digestion, absorption, the analysis of the various fluids of the body, respiration and kindred subjects are treated of in a concise and interesting manner. The centigrade thermometer and the metric system are employed almost exclusively throughout the work, which departure is to be commended. The book is printed on heavy paper and neatly bound.

Index Medicus—A Monthly Classified Record of the Current Medical Literature of the World. Compiled under the supervision of Dr. J. S. BILLINGS, United States Army, and Dr. ROBERT FLETCHER, M. R. C. S., England. New York: F. Leypoldt. Price $3 per annum.

The value of the present undertaking, in the publication of the Index Medicus, will be appreciated when it is stated that it indexes monthly every article in all the medical journals published in the world. When it is further stated that the Index is under the efficient management of Dr. J. S. Billings and Dr. Fletcher, no further guarantee is needed as to its worth.

Clinic of the Month.

TREATMENT OF WHOOPING COUGH BY ATROPIA.—Of this troublesome affection Arthur Wiglesworth, L. R. C. P., M. R. C. S., in the Lancet, April 12, says:—I commenced, then, over four years ago to treat all cases of whooping cough solely with the solution of sulphate of atropia, from infants two months old to the adult. It required some little time to find out the average dose to begin with; but I now begin with 1-120th of a grain (or one minim in a drachm of water), in children from one to four years of age, either diminishing or increasing the dose as occasion dictates; and, except in very severe cases, only order it to be given once a day; but when the nightly paroxysms are very severe, I order half the dose to be repeated about an hour before bedtime.

The results that follow its administration may be summed up thus:—First, there is a steady diminution in the number of paroxysms; second, there is a diminution in the duration of the paroxysms; third, there is a change in the character of the "whoop," as if the vocal cords were not so closely approximated. Further, if the atropine is withheld the beneficial effects derived from it subside.

Now, these results follow more or less speedily the administration of the remedy, and appear to depend upon the susceptibility of the patient to the action of atropia. In a few cases thirst may become a prominent symptom, which subsides, however, upon a diminution of the dose. In only one case has the sensation of "falling down" been experienced, and this disappeared with a reduction in quantity.

Of all drugs there are none that have such a peculiar and special effect upon the pneumogastric nerve as belladonna,

though it is by no means limited to that nerve. It is essentially a nervine sedative, and has a capacity for diminishing both sensibility and irritability when these are morbidly increased. Its primary effects are manifested upon the mouth and throat, producing thirst. A further action is upon the laryngeal muscles, rendering articulation imperfect, or preventing it altogether. So also upon the constrictors of the pharynx, that deglutition becomes difficult or impossible. These and other effects are produced more or less according to the amount taken. It is reasonable, then, to attribute the beneficial effects of atropia in whooping-cough chiefly to its effect upon the laryngeal branches of the pneumogastric nerve, diminishing the exalted sensibility and irritation which are known to exist, and which, by constant propagation to the medulla oblongata, increase in that body the capacity for reflex phenomena. But it is also probable that atropia has a very decided effect upon the medulla oblongata itself, rendering it less capable of exciting reflex action Dr. Kroon's experiments led him to the conclusion that valerianate of atropia had a very special and direct effect upon it, diminishing its inherent capacity for reflex phenomena. The almost specific effect of belladonna in preventing nocturnal seminal emissions is also probably due to this action.

I think, then, the conclusion is justified that, by its action upon the pneumogastric and sympathetic nerves, and also upon the medulla oblongata, atropia relieves, and ultimately cures, the neurosis called whooping-cough; and that in those cases where, from idiosyncrasy or easily-excited sympathetic action, the intensity and severity of the reflex phenomena are greatest, the beneficial action of atropia will be more marked.

HYDRATE OF CHLORAL AND BROMIDE OF POTASH ENEMATA IN THE VOMITING OF PREGNANCY.—Recently having had a very favorable result from hydrate of chloral by enema, given in a case of gastritis where vomiting had occurred almost incessantly for three weeks, we gladly give further publicity to the

following note, in the American Journal of Obstetrics and Diseases of Women and Children, by D. B. Simmons, M. D., Chief Surgeon to Ken Hospital, Yokohama, Japan:

I published in the Medical Record of May 15, 1874, the history of four cases of severe vomiting during the first month of pregnancy, as relieved by the administration of chloral hydrate by the rectum, in portions of from twenty to thirty grains, dissolved in gum water. I call the attention of the profession again to this method of treating these often very distressing cases, because I am more and more convinced of its great value, from repeated trials of it since. The Japanese physicians, whom I have instructed in its use, also report very favorably on it. In fact, they confidently inform me that it rarely fails. Since the first few cases in which I advised its use, I have learned that the bromide of potash, in equal proportions with the chloral, adds to its efficacy. I have also learned that in some cases the remedy must be pushed to a moderate degree of narcotism in order to secure the desired result. The amount of each portion of the drugs and their frequency of administration depends, therefore, on individual susceptibility to its influence, and must be prescribed accordingly. I also advised its use in obstinate vomiting from other causes. Following this suggestion, it was administered by one of my colleagues, Dr. Stewart Eldridge, in a case of vomiting from local peritonitis which had resisted all other modes of treatment. The result was most satisfactory, indeed, almost magical. I stated, in the article referred to, that I had nowhere seen the use of chloral for this particular purpose mentioned. Neither have I been able to find it since. I shall therefore claim to have first used and recommended it, till some prior claim is established.

PREMATURE LABOR FROM KNOTTING OF THE UMBILICAL CORD. The above rare cause of premature labor is thus reported in the Obstetric Gazette for April, by Dr. A. F. Kinne:

I was called September 25, 1867, to attend upon Mrs. J. A. D., aged thirty-five, multipara, who had fallen unexpectedly

in labor at about the sixth month of gestation. She was a large and well-formed woman; pelvis ample; and, though rather fleshy, her labors had usually been short and easy. The cause of miscarriage was not obvious. It certainly was not in the father or mother, so far as we could see, or in any accident or circumstance within their knowledge. There was not much in the course of labor deserving comment. I noticed that the gush of the bursting bag of waters was more copious than should have been expected in a six months' case, and that was all. The fetus was of a fair size, and had not been badly nourished, and it was not asphyxiated. But it was extremely feeble. It breathed, cried faintly once, and in a short time was dead. But upon drawing down the umbilical cord, we found what seemed to have been the cause of the mischief. The cord was longer than usual, and about the middle of it, it was tied in a knot. This was to me a great curiosity. For I had never heard of such a thing then, and should hardly have deemed the accident a possible one. For a large loop must first be formed in the cord accidentally, and must remain until the fetus can accidentally sail through it—an amount of "ground and lofty tumbling," of which it is hard to see how the cramped and straitened gymnastics of intra-uterine life can admit. Upon presenting this specimen to Dr. Sager for the University Museum, however, he remarked that he did not quite think it unique, but was free to admit that he had never seen it before, and that it must be very rare. And he agreed with me, moreover, that this knot was the most probable cause of the premature labor. For it had evidently existed for some time—was drawn quite close; and, where pressure existed, ulceration had taken place, and great narrowing of the umbilical vessels had been produced.

Notes and Queries.

EIGHT HUNDRED MILES TO DINNER.—Marry, say you, but it was a long way to go. So it was, and yet I enjoyed it. As for the matter of that I enjoy a trip in any direction and anywhere, made after a winter of hard work—even if there is *but* a dinner at the far end of it. And so would you, and be the better and live the longer for it. But pray don't take my word for this. Try it. Start, for instance, as soon as you read this, for Atlanta. Don't wait to get your business affairs all in shape, or you'll never start; I can tell you that. Take no thought as to what you shall wear. You know what the Georgia costume is. Go just as you are, only be sure you do go to the meeting of the American Medical Association. Go and put your shoulder to the wheel of the car of Medical Education, and help lift it out of the old, old rut in which it has been running since you and I were boys. That educational matter is the one question which presses on you, and me, and all of us just now. And it is going to continue to press on us until something is done about it—until it is changed, until it is improved. Go and look into it; study it, hear about it, and if you don't care to speak to it, at least give those who are moving in the matter the encouragement of your presence. Something will be done concerning it. Why not have a hand in it? Who knows but you may succeed in cracking the nut which has proved too hard for others? The humblest of us may give it a lift; and don't you think we owe it to ourselves and to all other men, to try?

Then, when you've sojourned awhile among the warm-hearted and scantily-clad Georgians, come up to Kentucky. Come, as Watterson said to the President and his traveling companions, and take something with us. We will give you

welcome. Be here by the 14th of May. That is to be a great day in our history. A portion of a vast debt is to be paid on that occasion. Come and see how we do it. A statue of Ephraim McDowell, the Father of Ovariotomy, erected by the profession of Kentucky to that matchless man, is to be unveiled on that day with fitting ceremonies—if ceremonies can ever be made fitting for such an event. The illustrious Pennsylvanian will be there to recount the deeds of the mighty Kentuckian. And Dunlop and Emmet and Thomas will probably lend their presence. And possibly Mr. Wells, and Mr. Keith, and Mr. Bryant, and Mr. Thornton may drop in on us. They've been invited. Kossuth, when he first touched our soil, rose before a great multitude which had assembled to greet him, with this on his lips: "Kentuckians, I feel the morning air of your sympathies." Come to Danville, and you shall feel that same air during all your stay amongst us.

Did I hear you say, "What has all this to do with dinner?" Just this; I am going to return to that repast now. The French have another way of saying this; but it isn't fresh, and so let's skip it.

Some of our brethren in Philadelphia determined to celebrate, by a dinner, the fifty-first anniversary of Prof. Gross's entrance into the profession. The number of subscribers was limited to one hundred. Invitations were issued to a few of the friends of Dr. Gross, living outside Philadelphia. I was of the number. I left home Tuesday afternoon, and after an entirely uneventful ride, reached Philadelphia on Thursday morning. Seven o'clock that evening was appointed for the banquet. Rain set in early in the forenoon, and by evening had reached such proportions that it might fairly be termed, in the language of a Texan, a "root-soaker." I thought the water fell in a more than ordinarily quiet way, more soberly as it were, than usual; and when turning the corners, as it filled the gutters, it seemed to go more at right angles than I had been accustomed to observe elsewhere. Whether all this

be just as I put it, no one can gainsay that the "City of Brotherly Love" is a very wet place on a rainy day.

At the hour announced for the banquet, the guests began to assemble. Besides the very good men present who go to make up the Philadelphia faculty, there were the Flints, and Shrady and Wood and Sayre and Post and Bozeman, from New York, and Van Bibber and Smith from Baltimore, and Otis and Billings from Washington, and Silliman from Yale, and Parvin and other good men from other places. Professor Agnew took the chair at eight o'clock. A moment before he took away my appetite by telling me that I was expected to reply to a toast. A timely notice that one is expected to get on his legs, is allowable. No notice at all until you are called on, is even better; but to knock the epigastrium entirely out of a man, just as he takes his seat to fill the aching void left by a two days' journey, is a coarse cruelty which should be inflicted on no man. It turns bread to stone, and converts the meat into a serpent. Don't you remember the group of unhappy-looking people you've seen at banquets; the men who ate nothing and drank less, and with whom you couldn't, no matter what effort you made, keep up a talk, who wouldn't listen to you, and who gave you no opportunity of listening to them; the gloomy-looking chaps who seemed to wish they were at home in their little beds?—well, they are the men who are expected to speak, and who have been told so just as they took their seats.

On the right of the chairman sat the guest; to his right the elder Flint, for many years his colleague in the University of Louisville. To the left of the chairman sat Prof. Silliman, also a former colleague of Dr. Gross. The other visiting guests were placed here and there along the tables. At half past ten the speech-making was inaugurated by Dr. Agnew, who alluded in appropriate terms to the guest of the evening. In reply Dr. Gross spoke in a simple, modest way of his life; its early struggles and its lofty aims; of the mellow glow imparted to its evening by the fidelity of his friends and the love of his pupils. Shrady was fortunate enough to get a copy of

his remarks, and you can see them in the Medical Record. Read them, for they tell of a manly yet gentle life. Professor Rogers followed in his spirited, genial, witty, eloquent way, and concluded by toasting "our invited guests," and calling on your servant to reply. I was tremendously handicapped, you know; but nevertheless I struggled to my feet, in spite of the little Burgundy and terrapin I had consumed, and spoke about as follows:

Mr. Chairman: When the invitation came to unite in this offering, I was deeply touched. It revived memories of my student life when, as the pupil of your guest, I came before him for examination for the doctorate, now thirty-three years—a generation—ago. The teachings of that period have remained a part of my life. The method, the system which the great master observed as in his earnest way, he gradually unfolded to the minds of his hearers the grand truths which lie in the upper planes of surgery; the painstaking, conscientious care with which he infused interest into the dry details of his subject, his fiery zeal, his never-flagging industry, and, better than all this, the solemnity with which he declared that to be a truly great physician, it was essential to be at the same time a truly good man. All of these are as fresh to me this evening as when I made one of his hearers, now so long ago.

Mr. Chairman, I obeyed the summons to be here with alacrity. came with pleasure. Nay, more, I came with feelings, akin, I fancy, to those which animate the pilgrim as he turns his footsteps toward the tomb of the Prophet. With fitting reverence, sir, I stand in this august presence. I come, sir, as the humble representative of a great people, the people of Kentucky, who send you greetings on this auspicious occasion. I come empowered by them to lay at the feet of your illustrious guest the homage of that renowned commonwealth. I come to wish him yet many years upon the earth, and to say that, though his name and fame have become a common heritage, Kentucky still claims them as peculiarly her own, since it was in her borders that he laid the foundation of a reputation which has not only irradiated this continent, but has penetrated wherever civilization is known, or surgery is cultivated as a science. I feel, Mr. Chairman, that it is an honor to be called on to speak on such an occasion and for such a people—a people who have given to statesmanship a Clay, a Lincoln, and a Breckinridge; to arms, a Johnson, a Preston, and a Buckner; to surgery, a McDowell and a Dudley. A goodly company! Stately names! Would you think me as exceeding the limits of good taste if I added, and chief among all these is that of him who bears the mark of our guild, Ephraim McDowell? For, sir, will not the labors of the statesman give way to the pitiless logic

of events, the voice of the orator grow fainter in the coming ages, and the deeds of the soldier eventually find place but in the library of the student of military campaigns, while the achievement of the village surgeon, like the widening waves of the inviolate sea, shall reach the uttermost shores of time, hailed of all civilizations as having lessened the suffering and lengthened the span of human life.

Again, would you think me very far wrong were I to couple the victorious issue of the late war and the operation of ovariotomy as in different fields, the two most stupendous events of modern times? Sir, both are to be credited to Kentuckians. Mr. Lincoln effected the one, and Dr. McDowell accomplished the other. Nor yet, in my opinion, do the two achievements admit of comparison. Powerful cabinets, far-seeing ministers, renowned captains, a daring and multitudinous soldiery, a rich, a steady, a united, and a persistent people contributed to the success of the former. Its glory was won amid the blare of trumpets, the groans of men, the shock of contending armies. The glory of the other belongs to but one man—is single and indivisible, was won amid the smiles of fair women, and by the cunning of a single hand which, unaided and alone, plucked victory from an enemy which, before McDowell's time, had defied all that was subtlest in art and repulsed every assault of science.

But, sir, I must fain have done. I feel that it is good to have been here. I shall return to my people and recount to them what I have seen and what heard, and report to them what I now offer in their name: To our guest, the illustrious son of Pennsylvania, the foster son of Kentucky, who, to the nimbus which ever encircles great deeds, has added the milk-white flower of a stainless life.

[It is usual in reporting speeches to intersperse "applause," "cheers," at intervals; but I have omitted all that. I thought it better to allow you to use these flavorings to suit taste, as the cook-books say.]

As I resumed my seat, Professor Gross rose, and with much emotion delivered this message:

"My illustrious pupil, carry my best respects back with you to the people of that State, and assure them of my undying attachment to the men and women, and most of all to their homes. After an absence of nearly a quarter of a century, my heart quickens at the recollection of my early home among them. May God preserve Kentucky and its warm-hearted people."

In another minute I was gone and thereby missed the other

toasts and speeches, and in an hour was on my way to Louisville. Perhaps you may think I cut it a *leetle* fat from the sirloin of Kentucky, and may be I did. But it is too late to better it now. What's writ is writ. All Kentuckians are somewhat weak on the beauty of our women, the stature of our men, the speed of our horses, the size of our shorthorns, and the purity of our Bourbon. Laugh at us if you will, but we can't help it. "It is Marks' way." So here's many happy returns of a like anniversary to you—and you—and *you*. As Elia said, "Do not we know one another? What need of ceremony among friends? We have all a touch of *that same*. You understand me." And though none of us can hope to rival the venerable and beloved surgeon of the "Jefferson," still each of us, in his own field and in his own way, may have communities to respect us while living, and lament us when dead. —— said, a good while back, "*Odi Persicos!*" I don't. I like dinner.

Meeting of American Medical Editors.—The annual meeting of the Association of American Medical Editors will be held at Atlanta, Ga., on Monday evening, May 5, 1879. The annual address will be delivered by the president, Dr. W. Brodie, of Detroit. All editors of medical journals and publications are entitled to membership in the Association, and are cordially invited to be present and participate in the meeting.

Obituary.—Dr. Isaac Hays, of Philadelphia, the well known physician, and senior editor of the American Journal of the Medical Sciences, died at his home April 13, 1879, after a brief illness, in his eighty-third year. Although an eminent practitioner, Dr. Hays's reputation has come principally from his connection with medical periodicals and his numerous contributions to learned societies. He was one of the charter members of the American Medical Association, its first treasurer, and the author of the Code of Ethics.